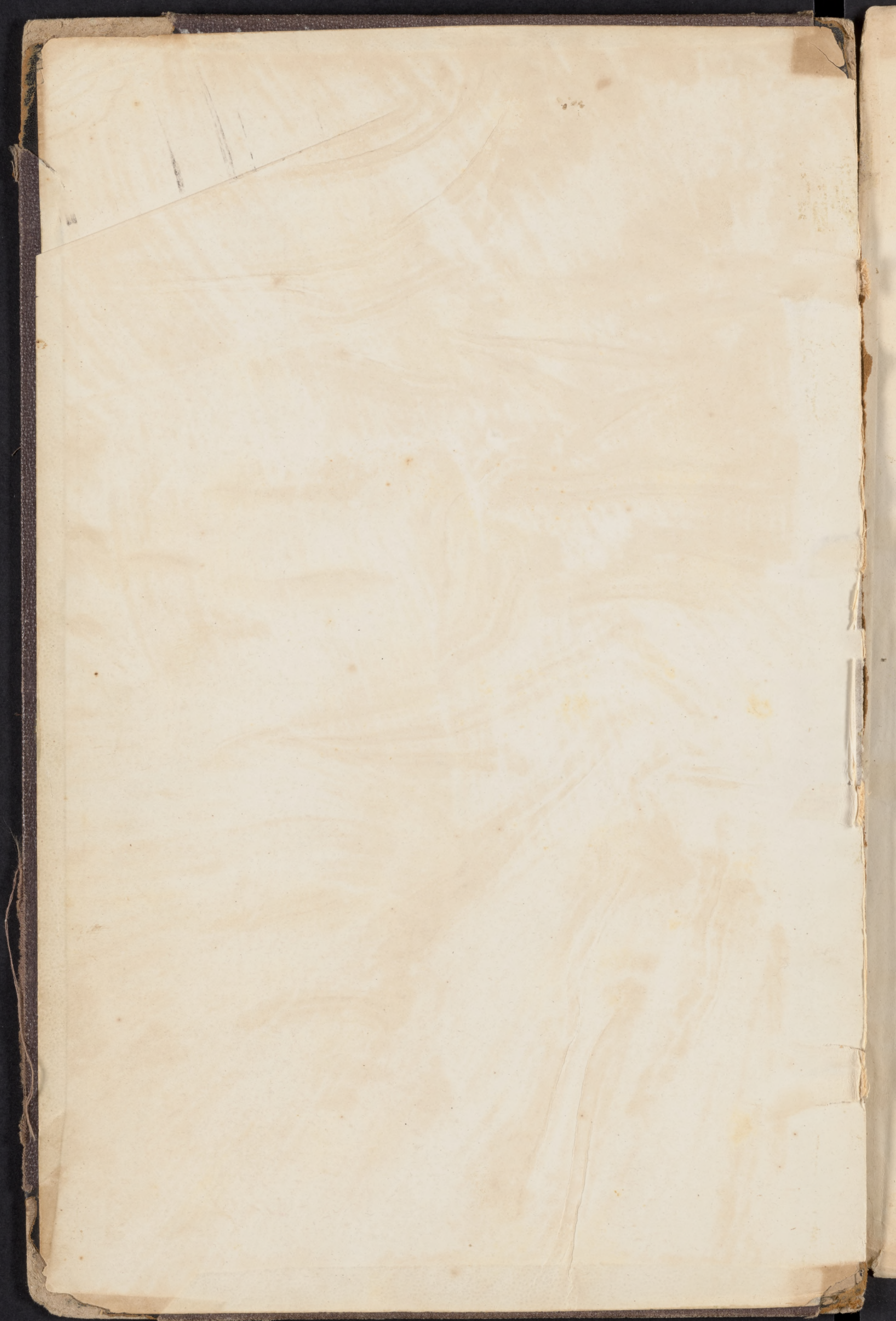


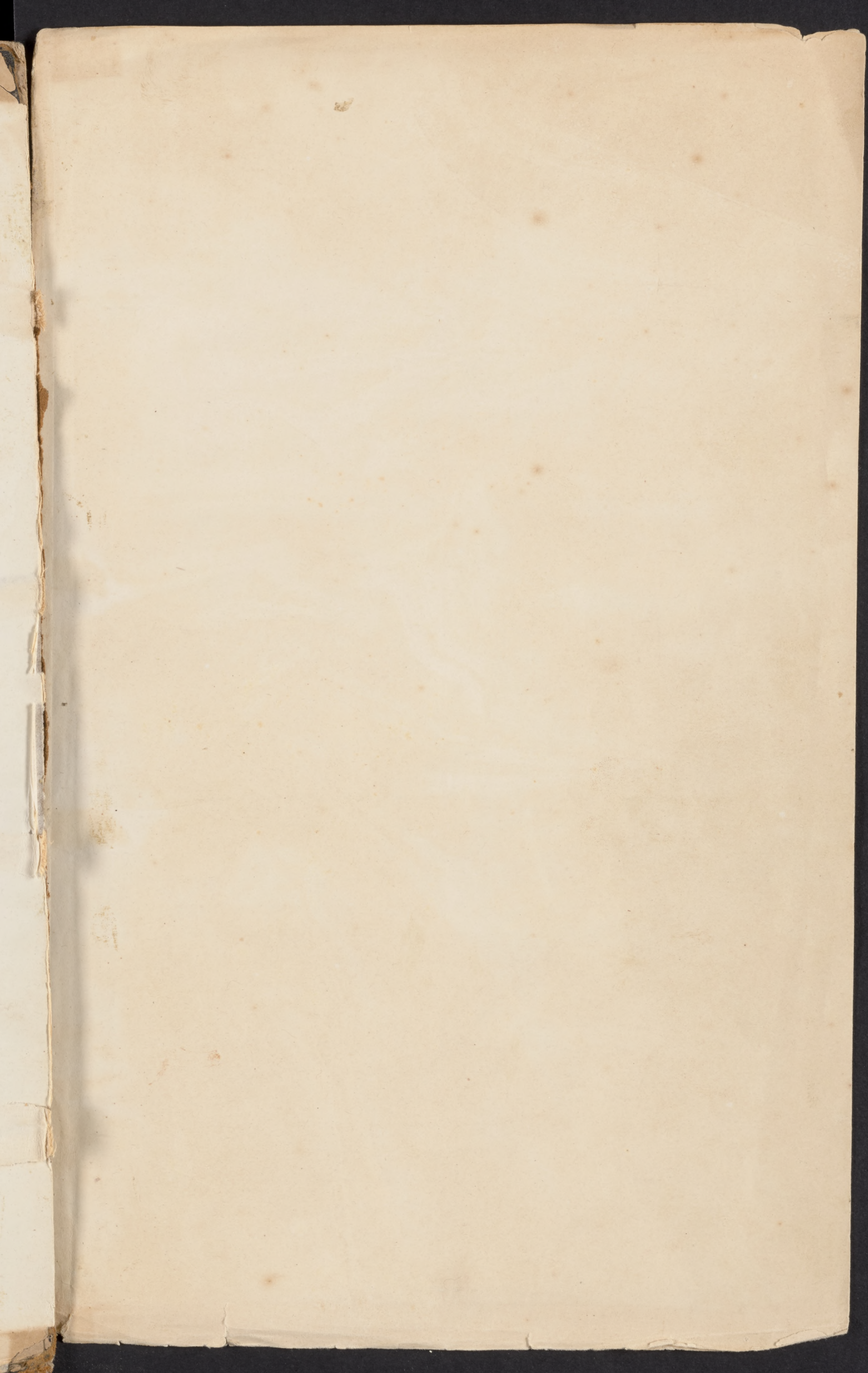
A
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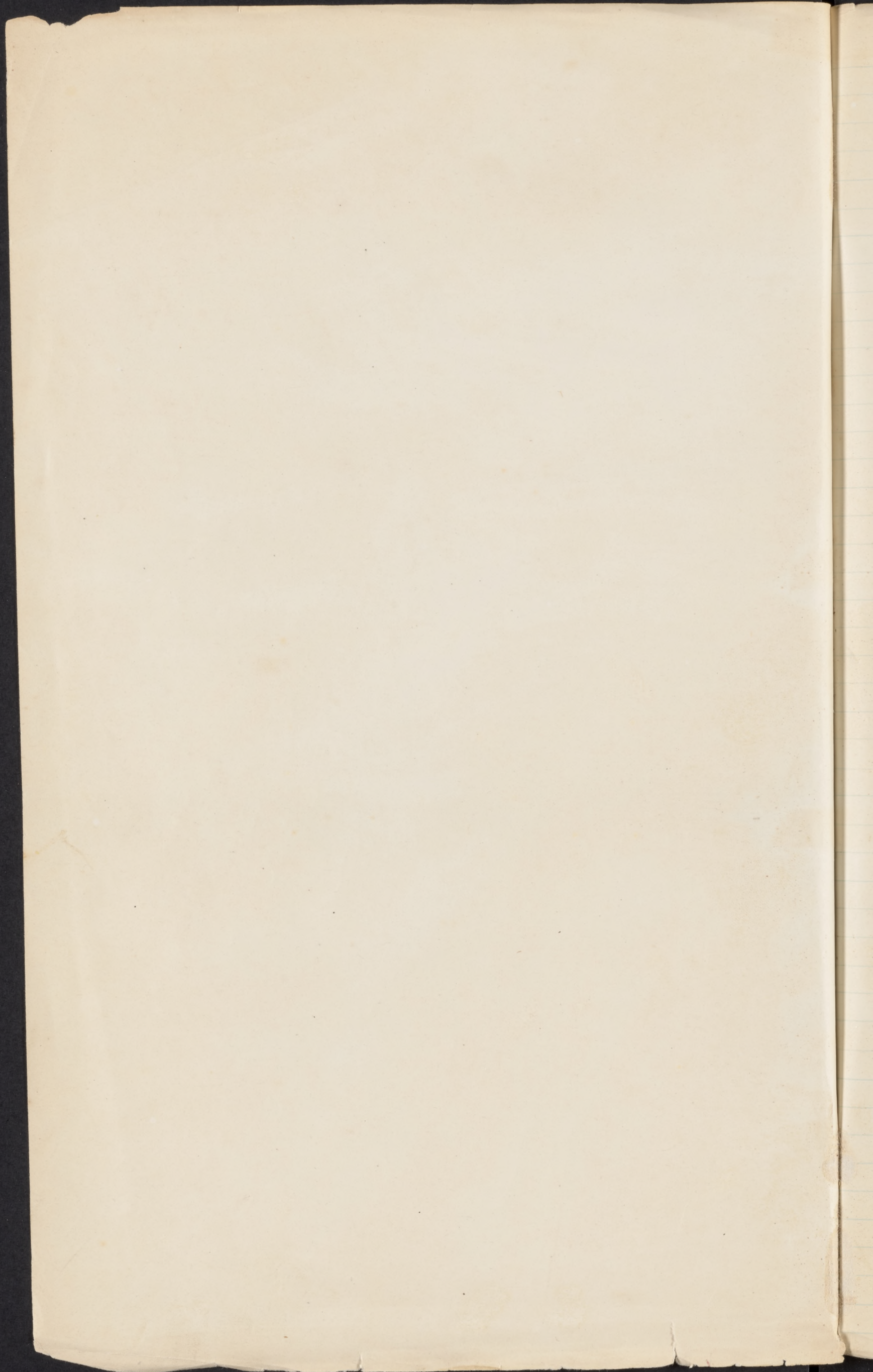
APRIL 28. 1879

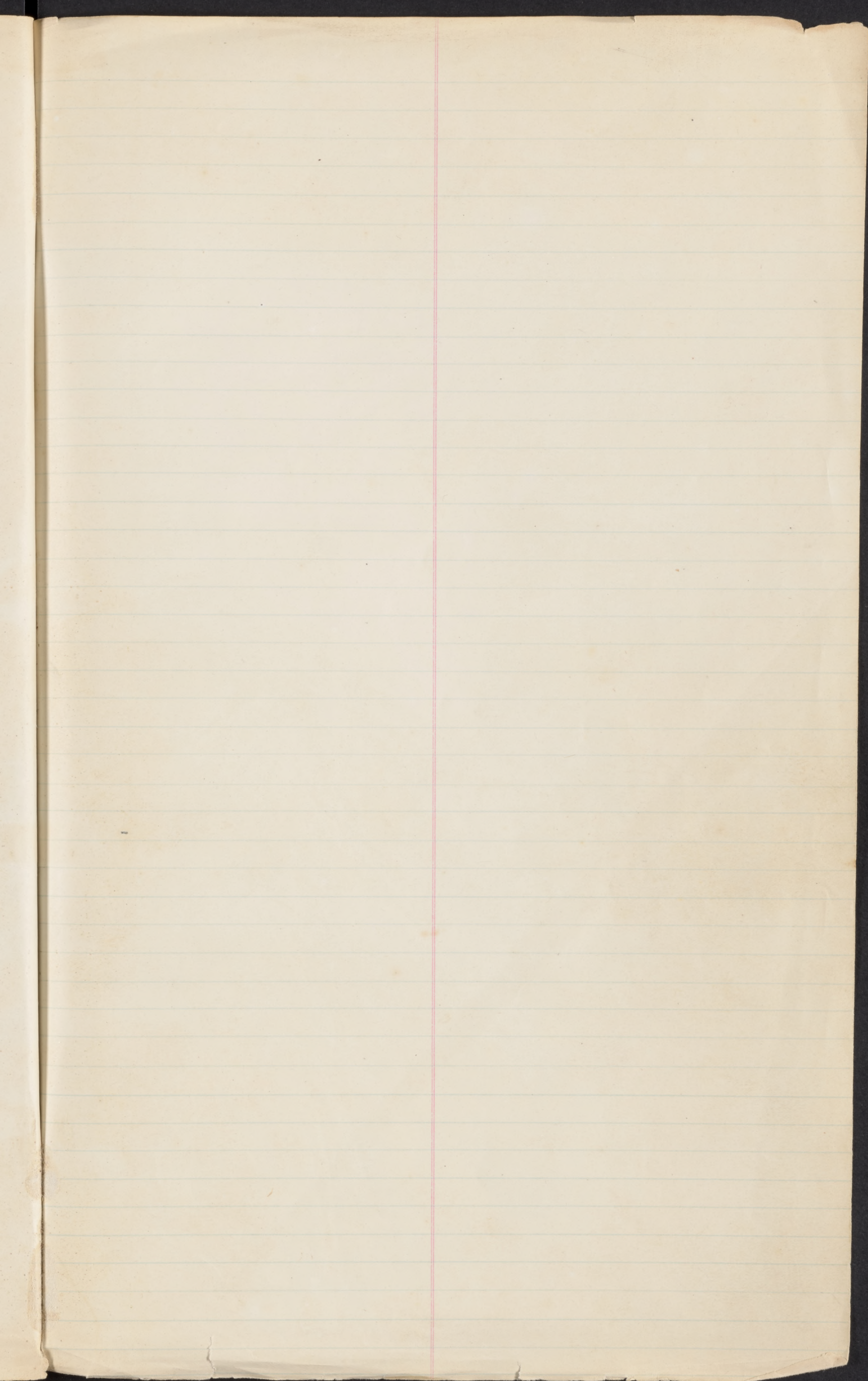
JULY 24. 1891

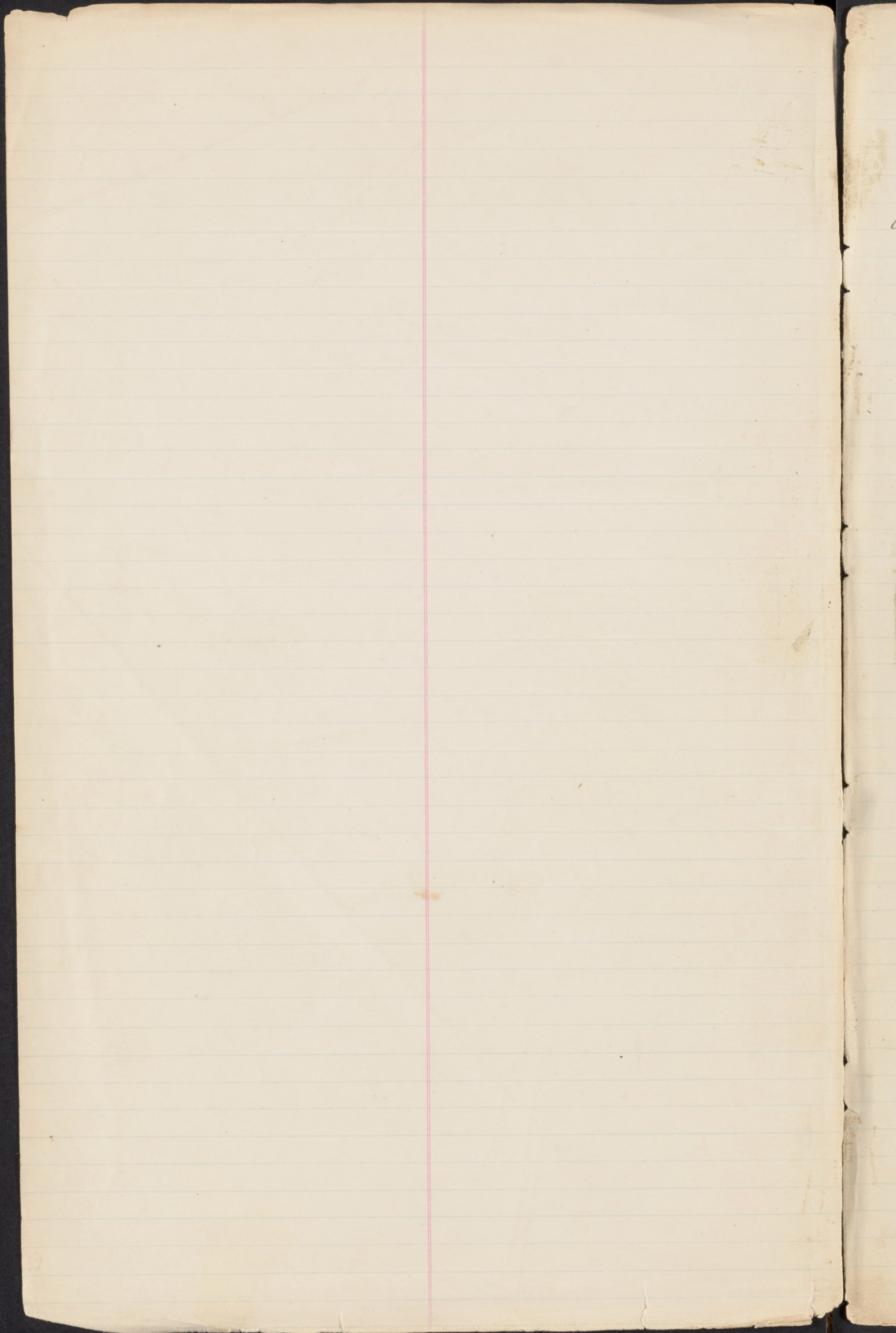
FROM APRIL 28. 1879
TO JULY 24. 1891





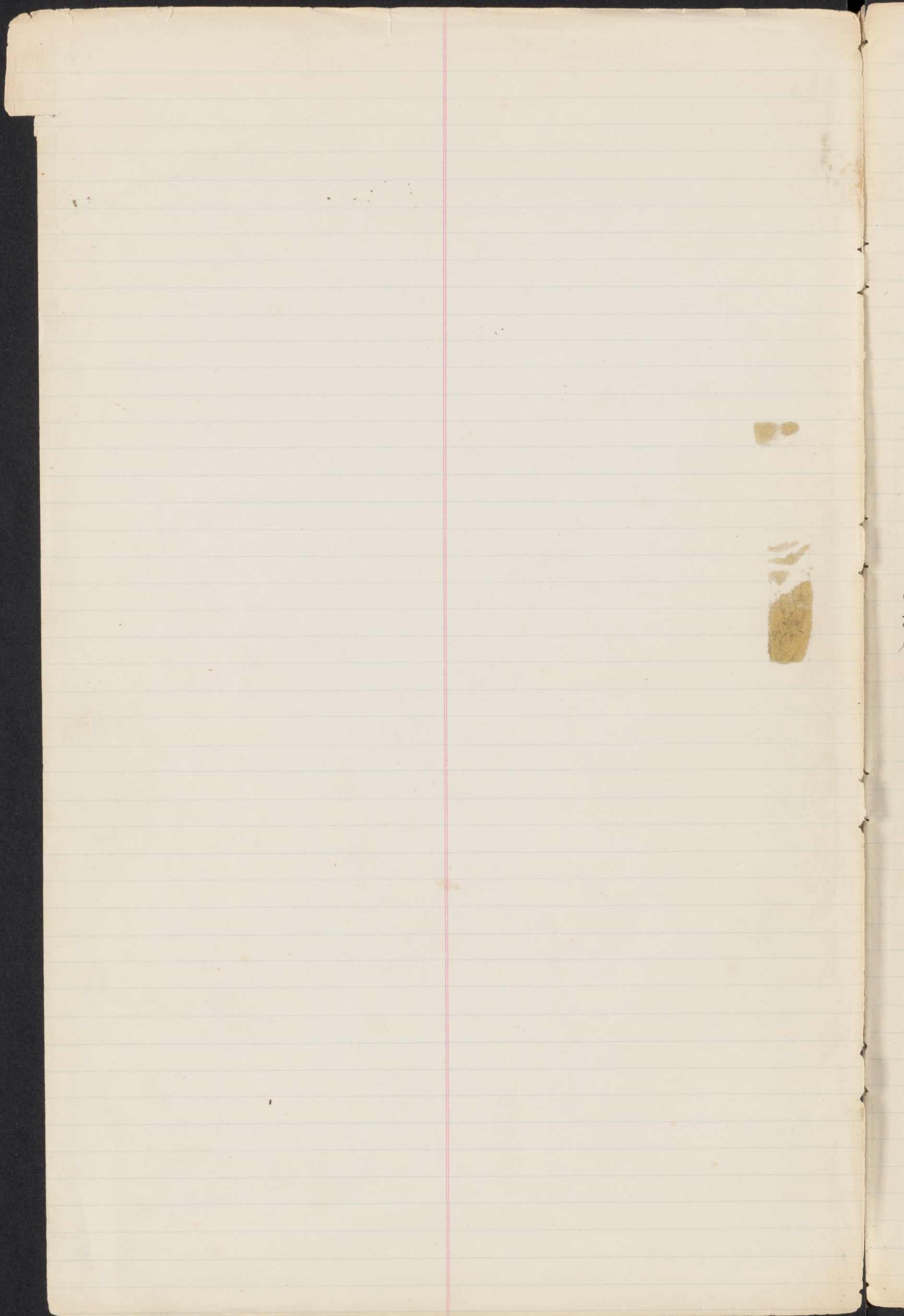






Andrews	13
Ah. Tuong	57.
Anderson Child of	53
" " "	60.
Allenman Mann	141
Ahrens Jacob.	155

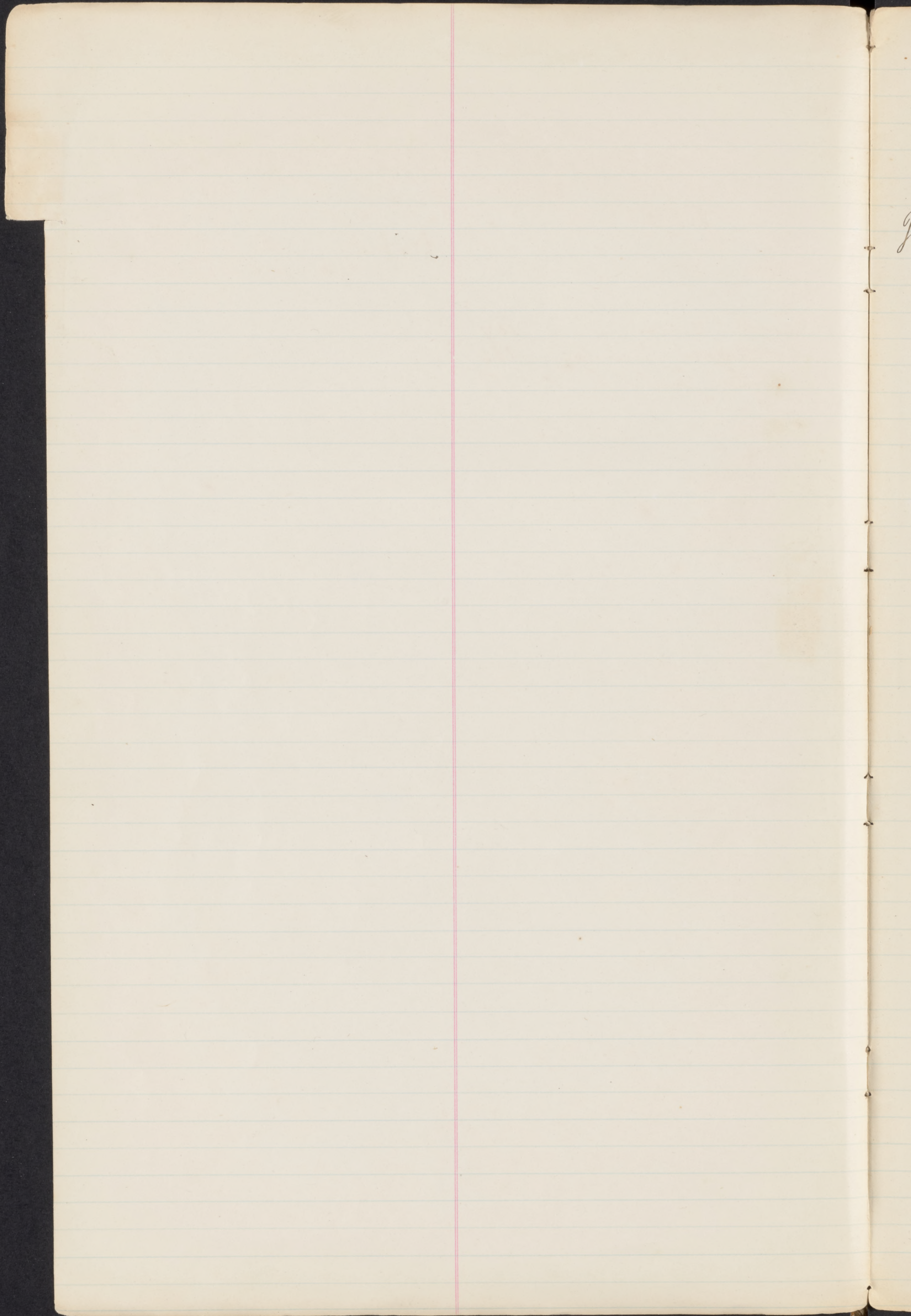
Barney her.	14.
Bright - Mrs C.	28.
Blair Char	30.
Bain daughter of	57.
Bales H. F.	61.
Bryant - Inf. Child of	78.
Bright - R. B.	92
Bannon John	95
Bryant - Inf son. of	96.
Burns "	99.
Banbridge Mrs M	124 Removal.
Bales Ther. J. K. P.	130
Burns Lena	134
"	136
Bassoni Child of	160
Beck Robt - Maj.	162
Brockman Mrs J. W.	178
Boxer	179
Bacaglupe Lemm	197
Burns H. B.	208
Bacigaupi Giovanni	273



Cassabian	127	1.
Clark Mary J.		4.
Chinaman	56.	
Collins Mat.	63.	
Chinaman	66.	
"	81.	
Cook David	89.	
Church H. Child of	90.	
Clark Howard	104.	
Cook Gordon A	109.	
Carriger Nicholas	116.	
Collins Sarah J.	118.	
Castagnaro Thomas	125.	
Clute Sophie M.	149.	
Clark Thomas Edward	155.	
" Jamie	165.	
Carriger Glenn	172.	
Crothers R.	174.	
Clayton Della	175.	
Campbell Mary A.	185.	
Cheney Arvilla	213.	
Crosby James	272.	
Cineki Clotilda	279.	

Douglas Albert E.	68.
Dohman W.	83.
Dowdall Mrs. H. H. H.	110.
Davison Mrs. Nancy	184.
Debold	228.
Douglas Percy	257.
Duhning J.	240.

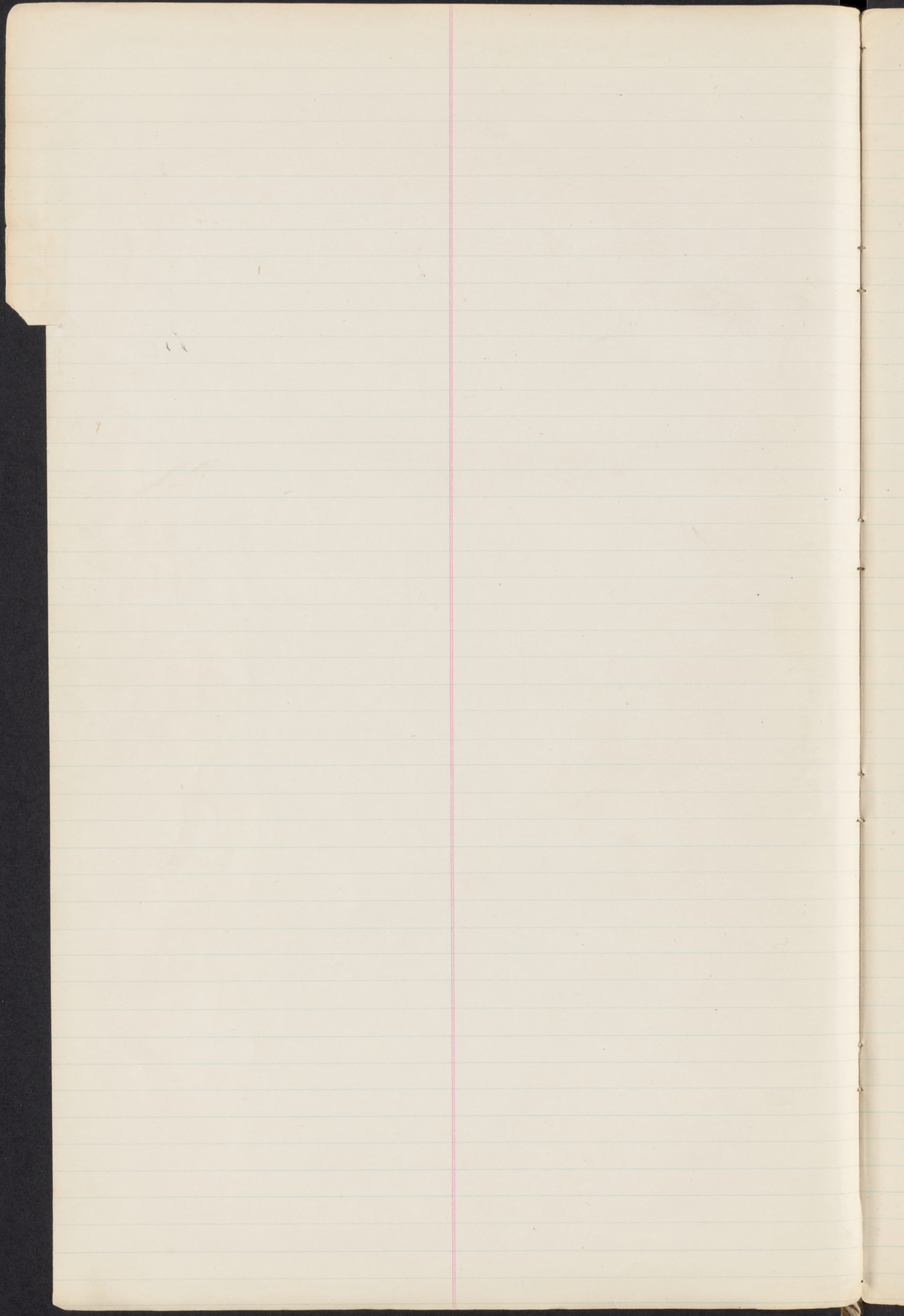
C
D



Engler		
Obbetts		180
Lowell	P. D. F.	189
Ellis	Mrs	231
Emlich	Venay.	242
J. P.	Etchart	269

Francisco	(Indian)	27.
Ford	Suf son of	79.
Fowler	Mary.	91.
Fochetti	Anthony	94.
Frendenstein	Henry.	183
Frank	(Fenk) Agnary	214
Fisher		283

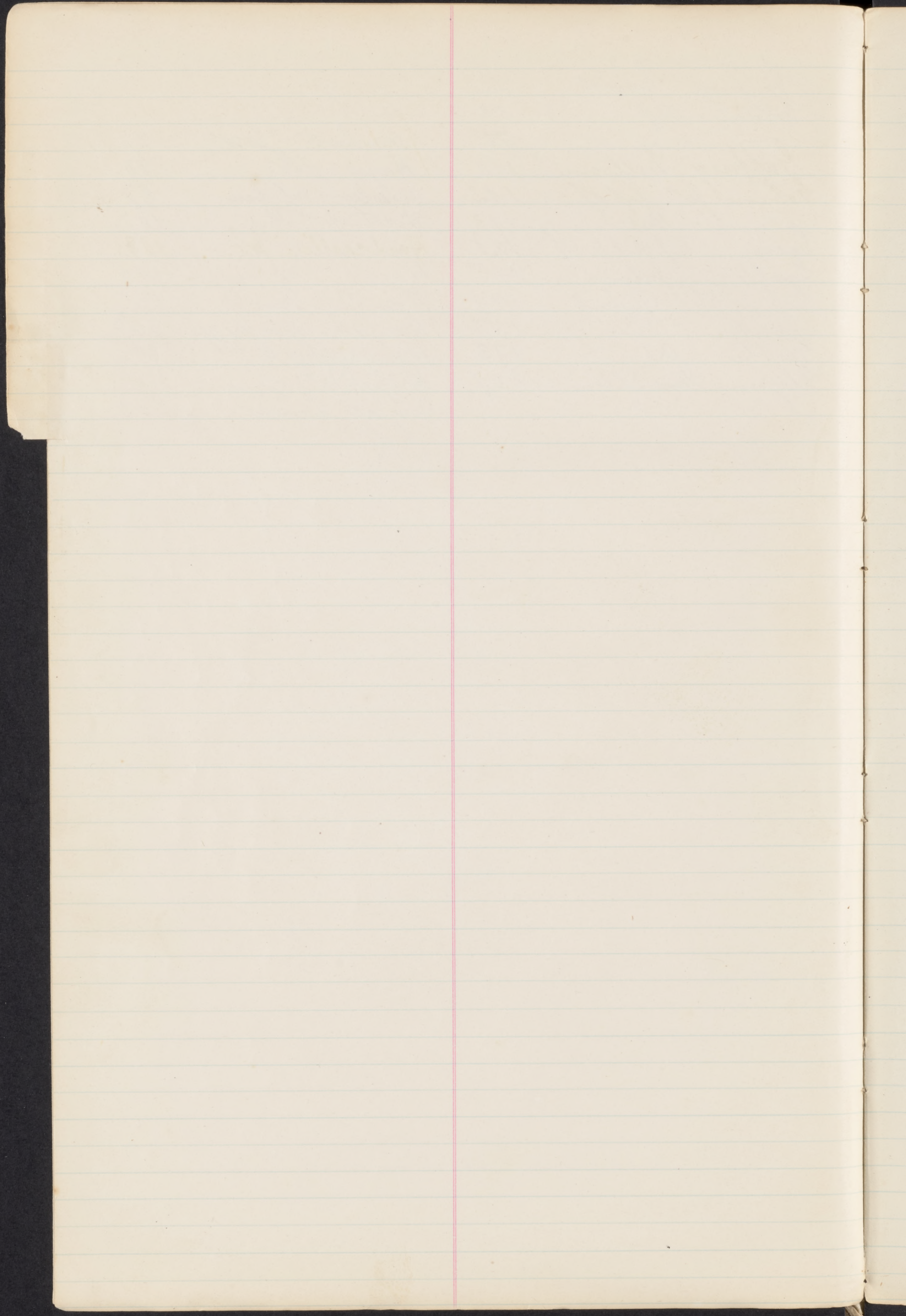
E
F



Gaffney Patrick	26.
Goldens Inf.	54.
	72.
Gaffney William.	111.
Gibson J ^r Inf of	112
" " Mrs S	113
Giers. Inf child of	121
Graft Julius	142
Griffith Infant.	143.
Giers Inf child of	157
Gothe W	173
Glynn Mrs Ellen	207

Harvey Dora f.	5
Hull V. f.	6
Hambert Jacob	47.
Hoyes J ^r .	80
Hosley Inf dau.	97.
Hedtrick "Chris"	107.
Hardcastle J ^r .	119.
Harris Mrs Sarah E.	145
Hinkle Mary M.	167
Harper Mrs Maggie	169
Horas My W. J.	196
Hope Valentine	203
Heydt Louis	243

G
H



"Indian"

33.

"

46.

"

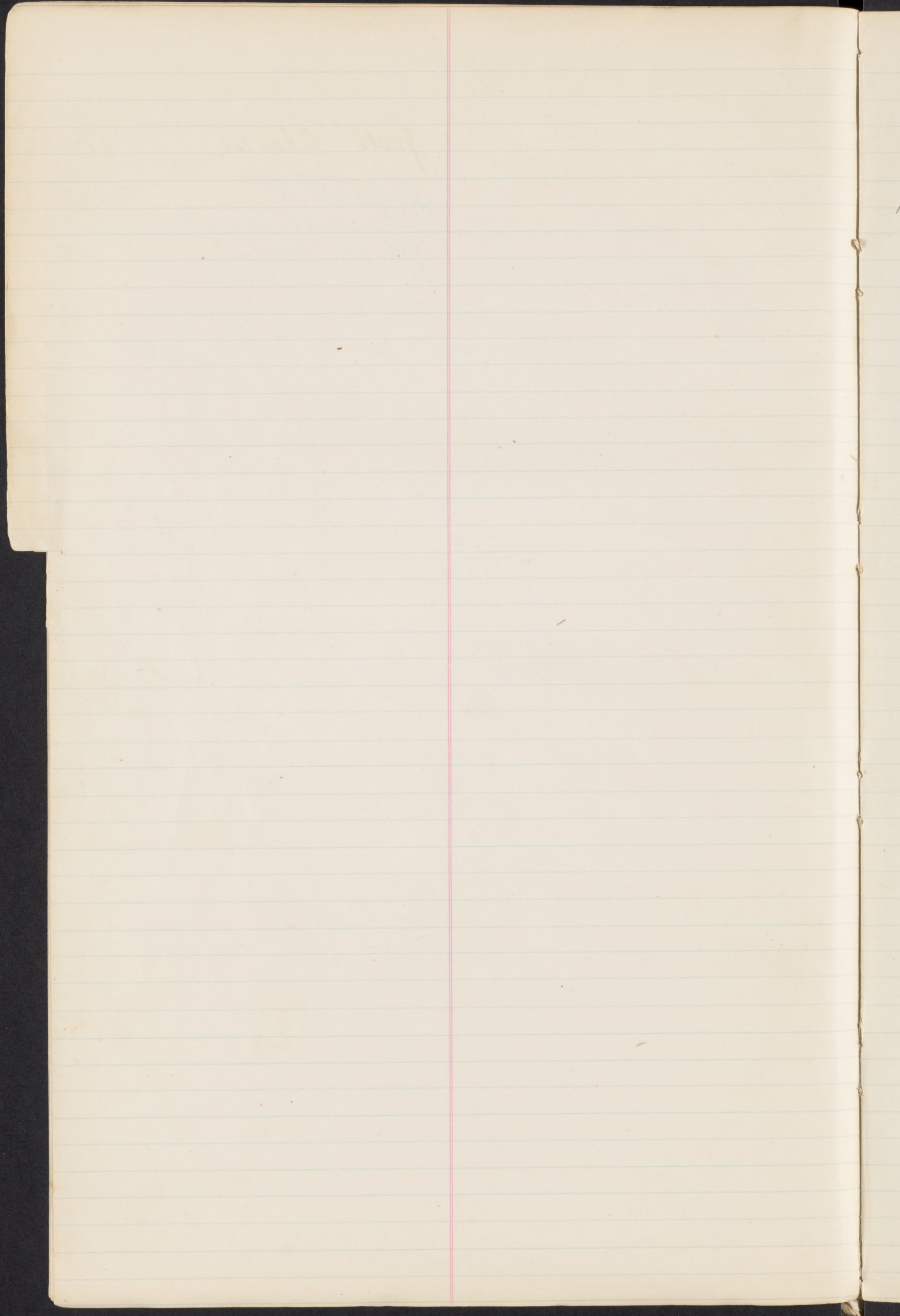
"Sam."

49.

Jones Inf. D. P.	25.
Johnson Orinick	29.
Justi Charles	1.17
" Augustin Jr.	177
Jepson P.	182
Johanneses Mrs L. M.	202
Johnson Roseline.	268

I

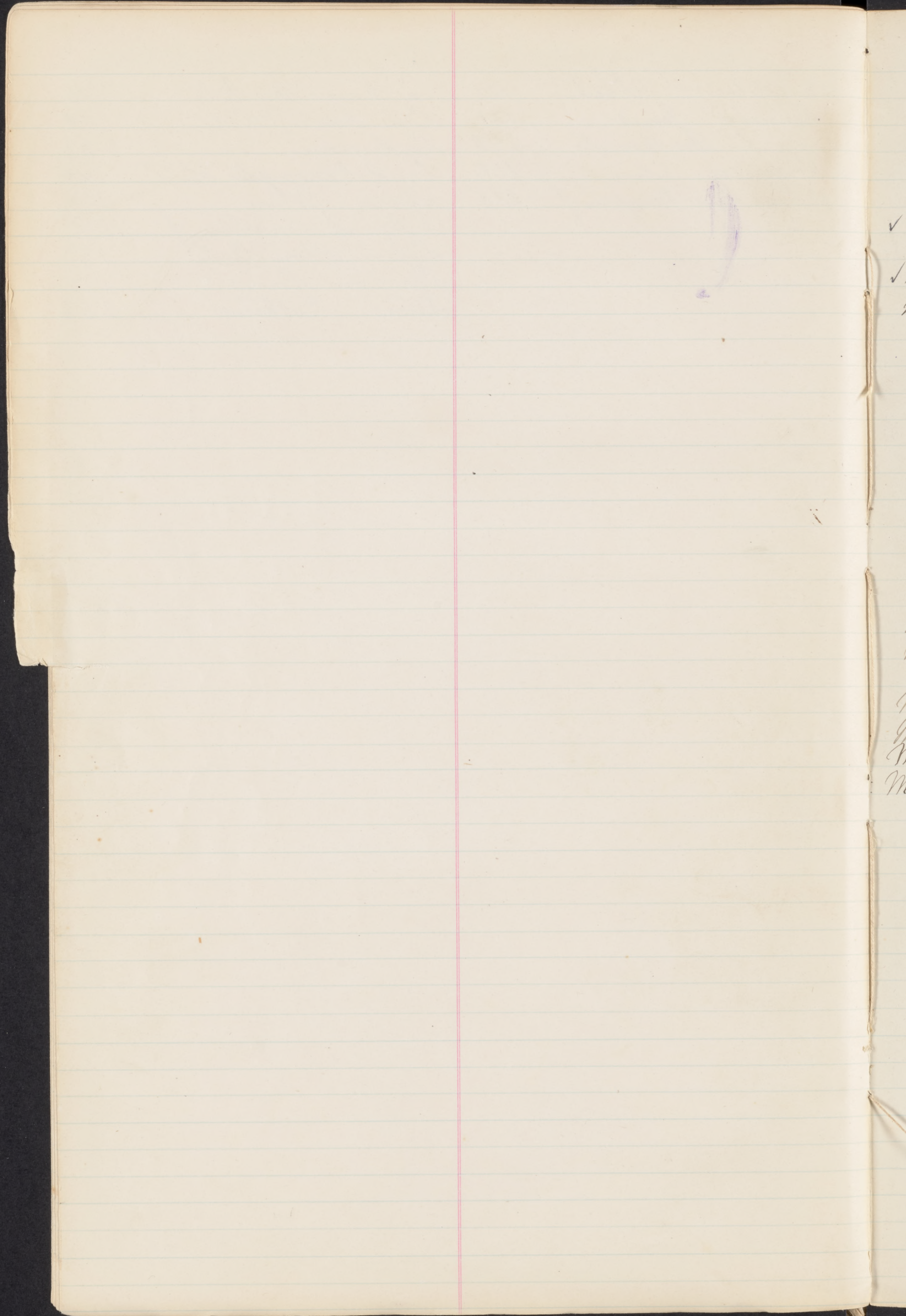
J



Krichler	Albert.	122.
Kennedy	James	123
"	Mrs Mariak.	140
Kearney	John	143
Kuhn Peter	Daughter of	235

La Vner	Mrs L. M.	16.
Lomibos	"Child"	18.
Ludeman	"	36.
Landsborough	Sho. L.	45
Lewis	John	135
Litzins	Henriette, f.	138
Lyon	Alvin Curtis	166
Lewton	Lewis	193
Lewis	Catherine	266

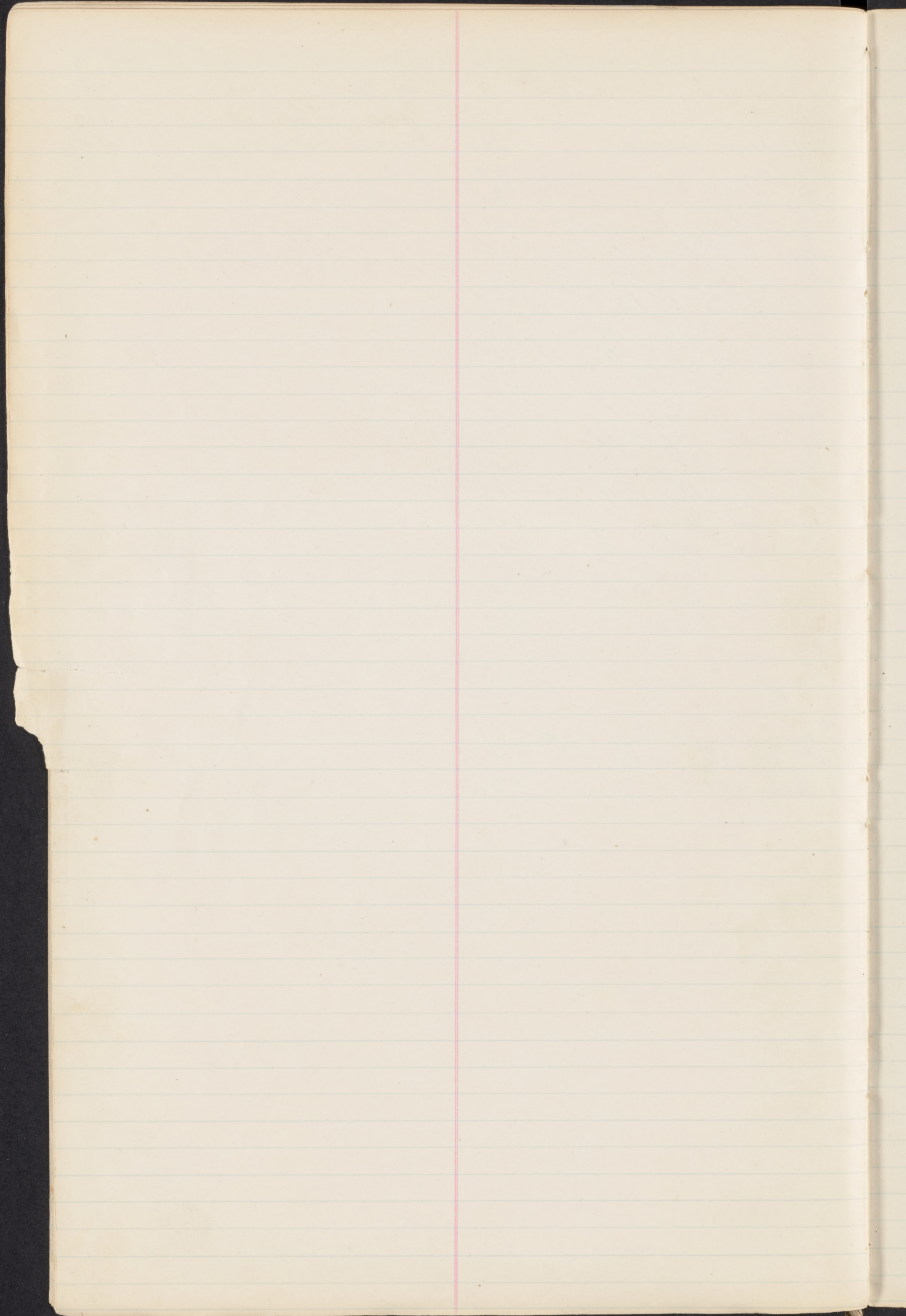
K
L



Martens Carl	3
Marks S.	15
Malley Patrick	22.
Miller	30.
Marti Jos	31.
✓ Monahan Bridget	43
Morris Flora K.	59.
✓ Monahan Thos.	62.
McDonald Chas H.	67.
Morton Bethia R.	85
Manfredina A.	87
Morse Eben E.	98.
Morris Anton	100.
Mc Gill Inf Child	102 237
Martin Edwin B.	103.
McDonald R. A.	106.
Martin James	114.
Morton Chas C.	131.
" Sarah E.	133
Miller Mrs E. K.	144
Marti Joseph	147
Mc Canby Jas	161
Mayer George	195
McKeroy Inf	205
Marcelli Abraham Child	217
Mc Donnell Mrs W. H.	271
Muehaupt Katrine	280

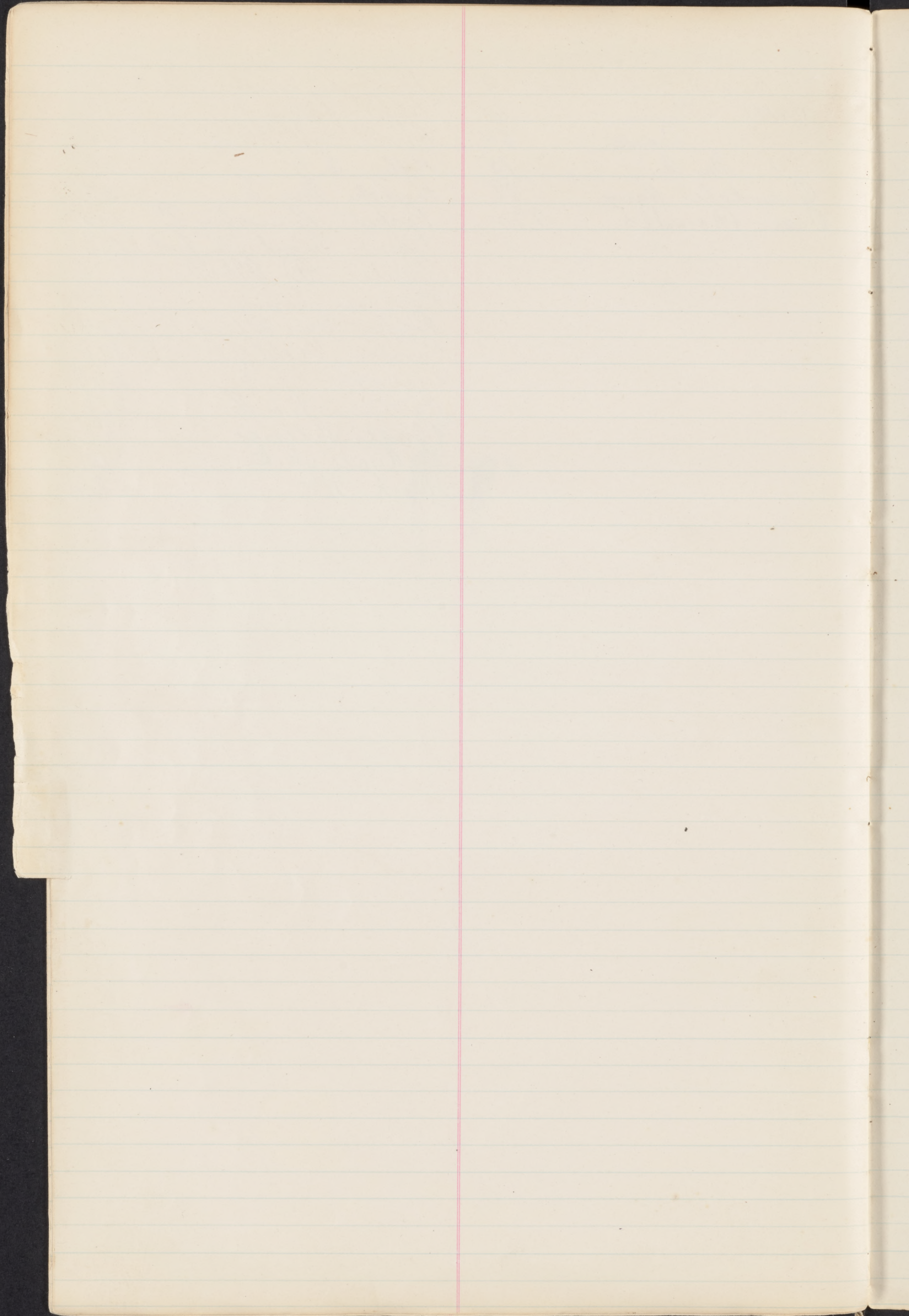
No. Name	38.
Naw Thomas	115
Nathanson G. C.	201

M
J



O'Brien Bridget Mrs	8.
Petle Theresa	24.
" Franc.	64.
" Mrs A.	75
Orendale Harry.	88
Orsi Anicilla	270

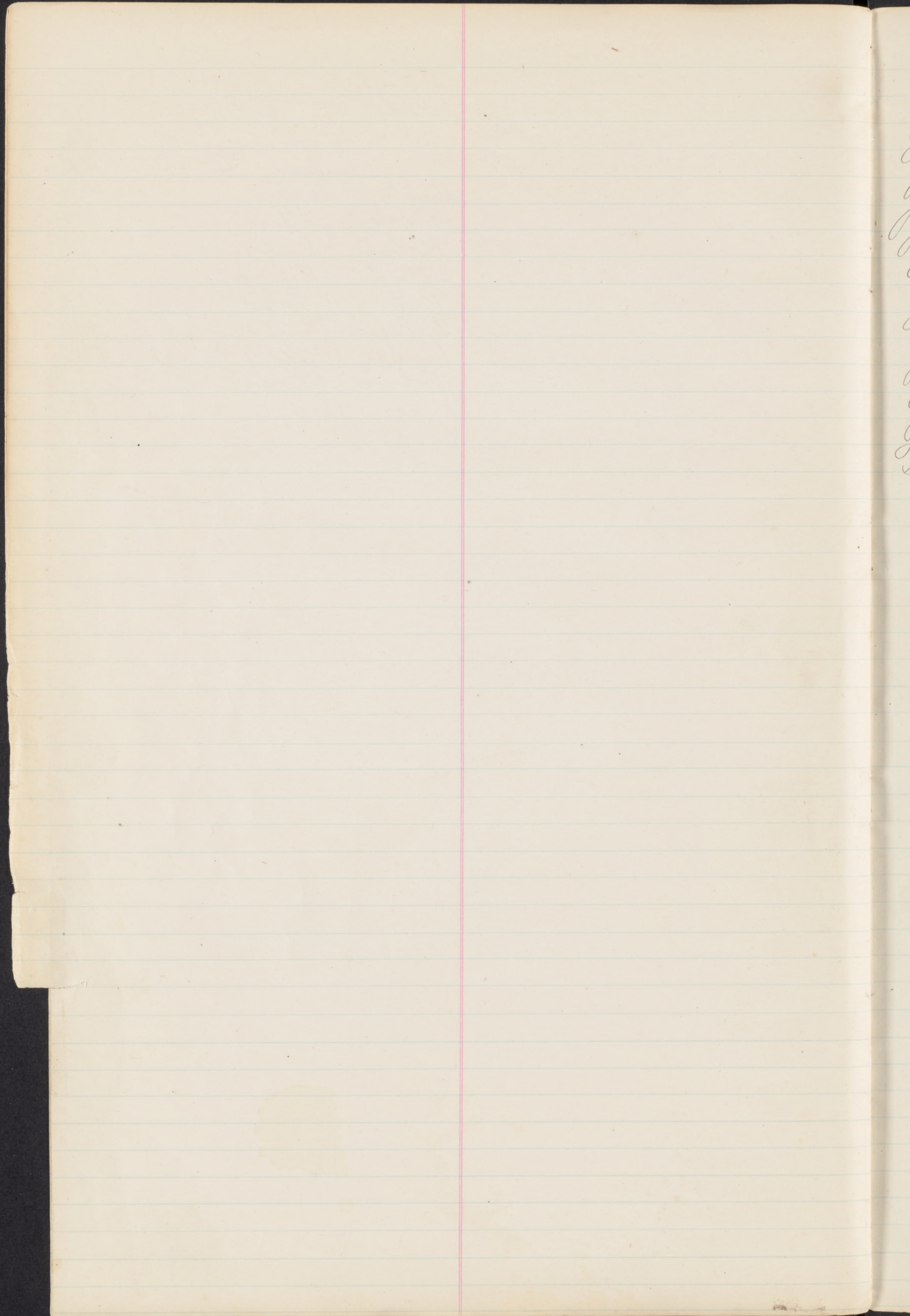
Perkins James M.	2.
Poppe Julius A.	9.
Pieratt Juff of A. Jr.	10.
Pell E. Jr.	19.
Parish Mrs E.	23.
Pickett - Remington F.	105
Peters Leland Stanford	152
Pauli A. Albert	170
Perkins Leroy	199
Poppe Chas. Alfred	204
Proden Child J.	210
Pieratt	209
Patton Jno H	222
Plage Helene	241
Prattick M. C.	276
Parish Wm	284



Ringstrom	P. R.	20.
Robin	Zelia	53.
"	Victorine G.	84.
"	Emilia H.	84
Riebli	Berthine	137
Ricci	Albert.	148
Robin	Victorine G.	168
Read	Benjamin	171
Rufus	Ernest	180
Ringstrom	Conelia	204
Robin	Child of Frank	212
Robin	Flavie	233
Ricci	Luigi	267
Rosa		223

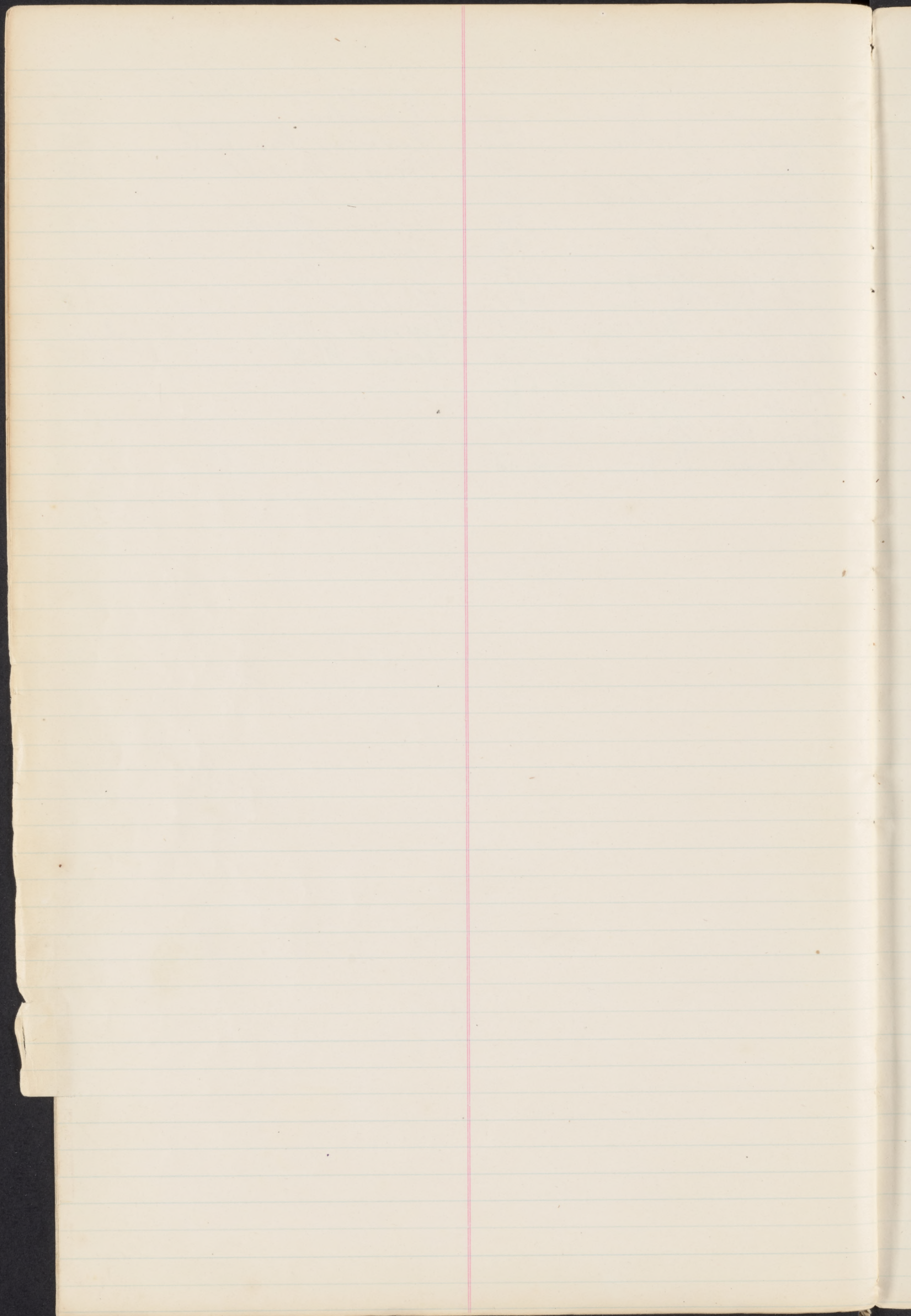
Q

R

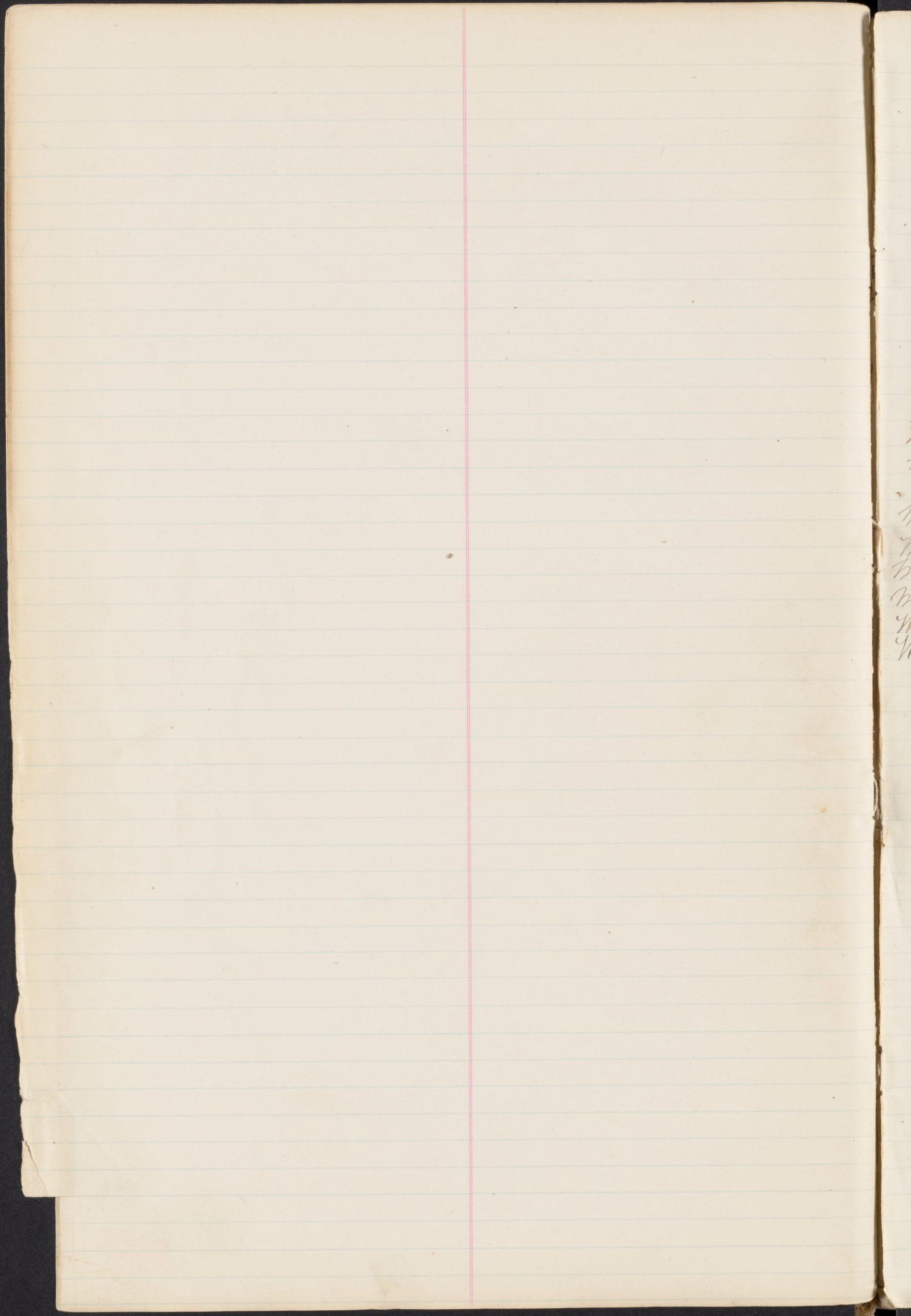


Schnatke Kasper	11.
Schumacher Inf. of	12.
Schutter Cynthia	21
Stedeman	40.
Scilligo Child	44.
Smith Mrs	70.
Sivardo M.	93.
Styer Lora.	108.
Sakalluck Mrs	157
Stofen Wilkins	159
Scilligo Antonio	176
Strickland Mrs Hester	187
Schutter O. Inf Child	198
Stano Mrs M.	211
Sullivan T. J.	253

Thompson Ralph.	34.
Thurston	39.
Turner Mrs J. C.	42
Terry Michael	58.
Mrs	65
Tobin Mark	69.
Tenti W. 3	74.
Thomas Mrs.	129
Thellen	158
Turner John	274
Thomas H. W.	278



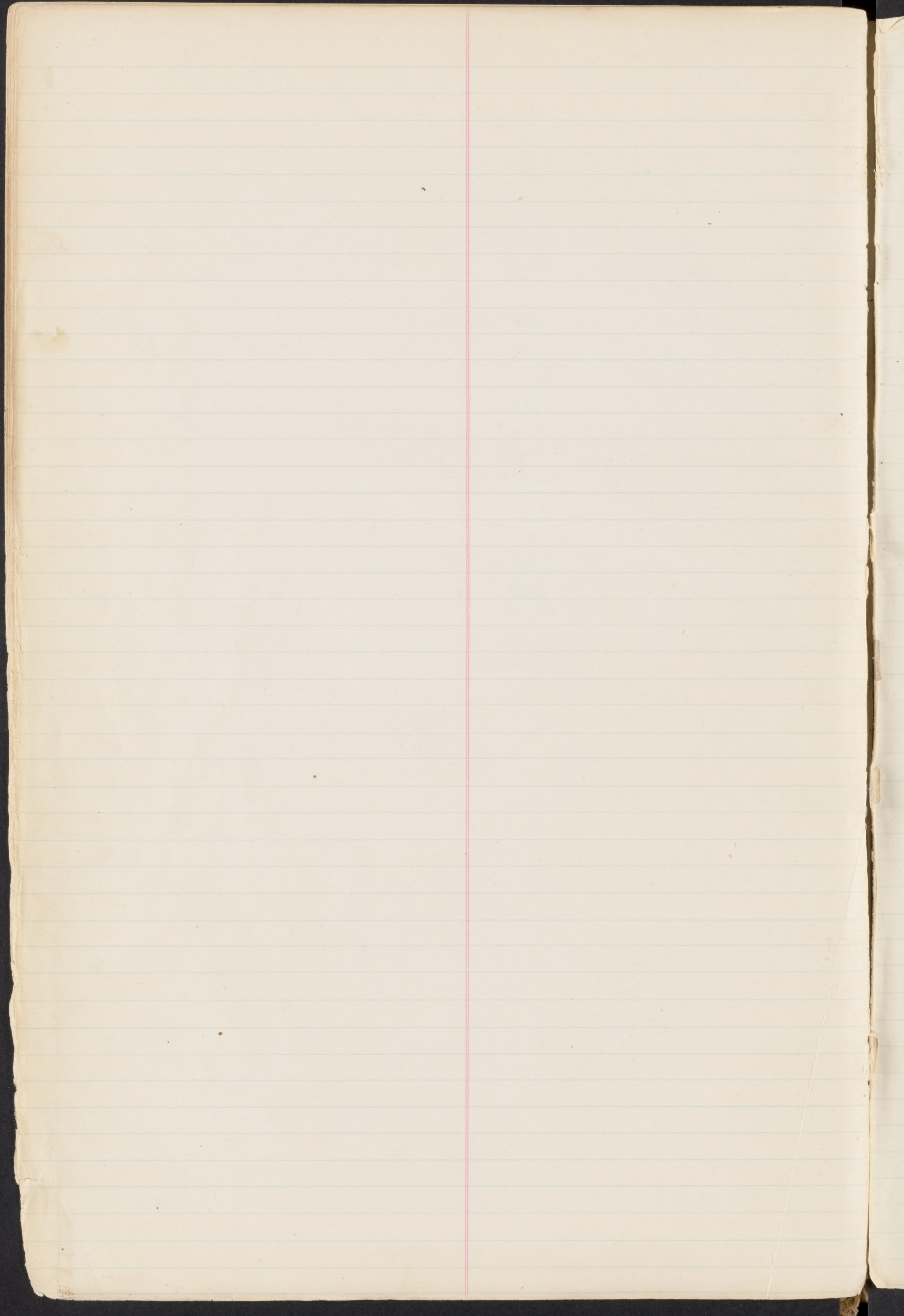
Naolil - Dr F. J.	17.
Van Geldern Dr Chas.	32.
Genl. S. Valljo	254
Benicia F. L. Valljo	281

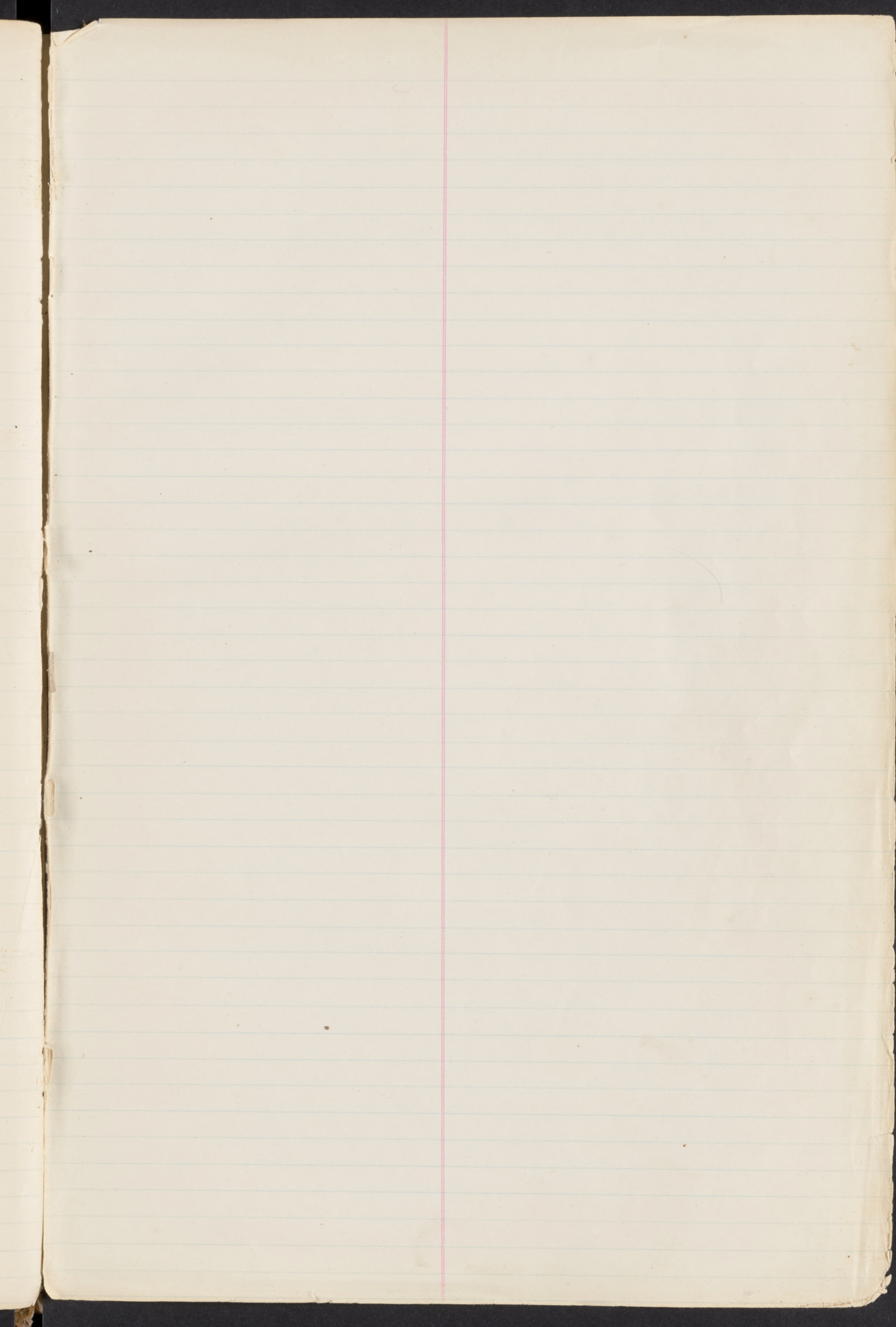


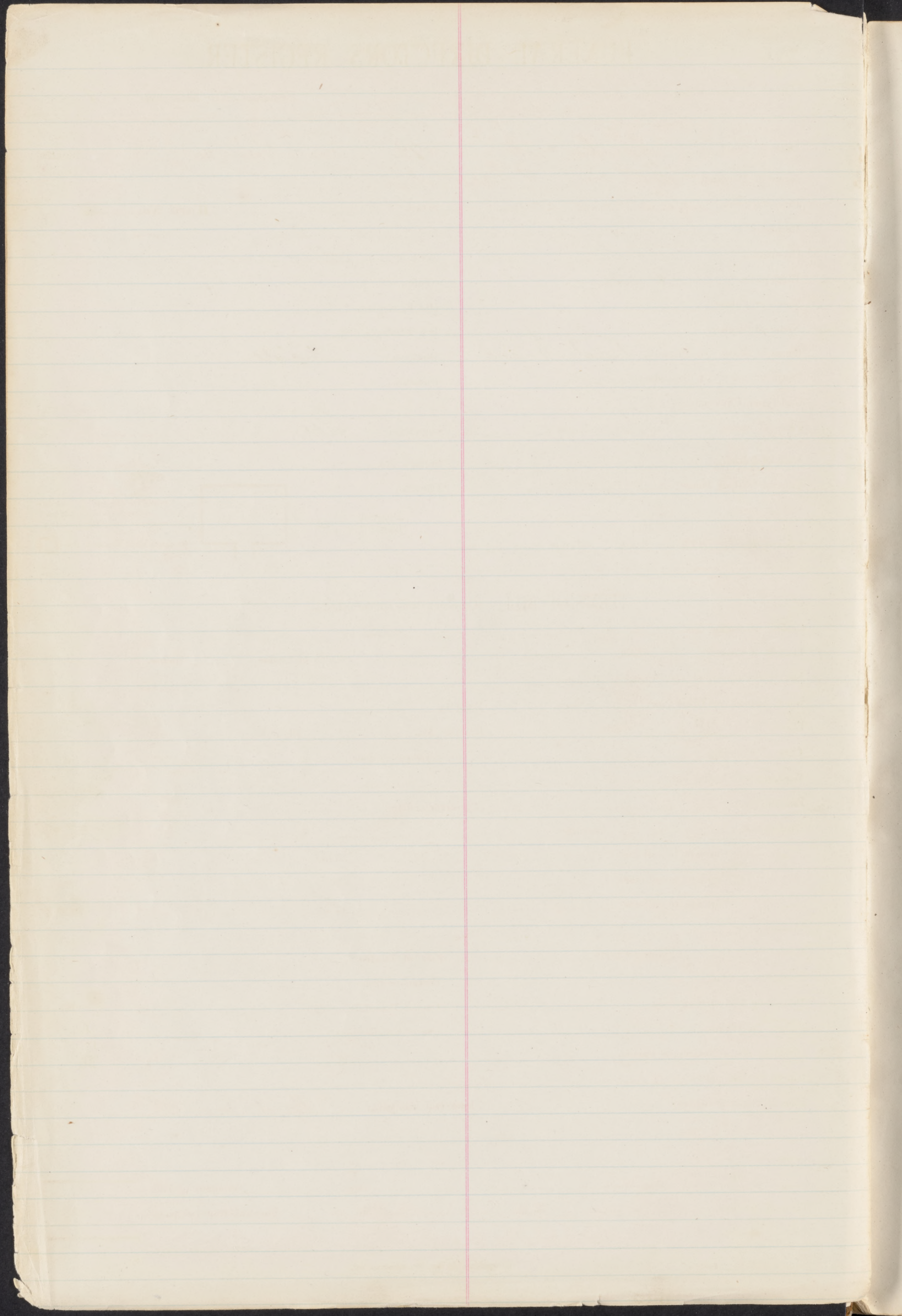
Hardlow William	7.
Nilson Mrs	35
Winters Mary	37.
Weise Eliza J.	41.
Walter James E.	48.
Watson	52.
Watris Geo. E.	71.
Wain A. M.	76.
Wynne Owen	77.
Webster W ³	84.
Williams Geo A.	101.
Waters Catharine A.	128
Wright -	150
Ward Inf. of Chas.	153
Worthern Mrs Eliza	154
Waters J. W.	188.
Worster Mark	190
Watt Richard L	192
Willis Susie	215
Webber J ^s	234
Welschott Theodore	265
Weiler F. B.	275

Young Daniel C.

73.







FUNERAL DIRECTORS REGISTER.

Total Number to date, 1

Funeral No. this year, 1

Date of Death, April 28th 1889 Color White Age 57 Years. 57 Months. 57 Days.

Name of Deceased, William P. Casselbauer

Place of death, San Francisco Street. Ward No.

Residence, " Sex, M. Single, Yes Married, No

Occupation, Clerk Wife of Ellen Casselbauer

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Heart Disease Duration, 5 weeks

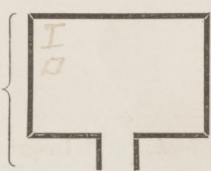
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, San Francisco Cemetery, Bill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Temple Lodge # 14

Date Bill was presented Date Bill was paid Paid June 11th

Amount of Bill, 12.00


Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

Funeral No. this year, 2

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this I for every Grave in it. And mark *this* Burial with double dagger thus : †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by *Giles*

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

..... Carriage to call for Time,

..... Carriage to call for Time,

..... Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves, *Crape*

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

..... Amount of Bill,
Time of Services,..... A. M.,..... P. M.,..... Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 3Funeral No. this year, 3

Date of Death, May 25 18 79 Color Blk Age { 6 Years.
19 Months.
19 Days.

Name of Deceased, John Martin

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, M Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, John Martin His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Strangulation Duration, _____

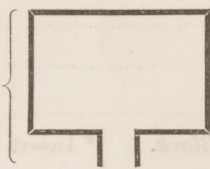
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Wells

Place of burial, Home Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, R. S. Made by _____ 16 00

Length of Casket, 2 Feet, 9 Inches. Width of Casket, _____ Inches. 2 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages, _____ 10 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to J. H. Martins

Date Bill was presented _____ Date Bill was paid July 27 1879

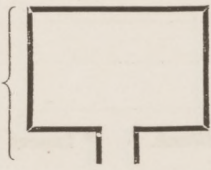

Amount of Bill, 28 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 4Funeral No. this year, 4

Date of Death, June 22 1899 Color White Age 35 Years.
 Name of Deceased, Mary L. Clark Months.
 Place of death, "Hill Road" Street. Ward No. _____ Days.
 Residence, 4 Glen Ellens Sex, F Single, _____ Married, _____
 Occupation, Music Teacher Wife of _____
 Birth-place, New York Widow of _____
 Name of Father, Mr. L. Clark His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Heart Disease Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, fourth Cemetery, _____
 Date of burial, May 17 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles 40 00
 Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 4 00
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. 3 for Plate No. _____ 6 00
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages 15 00
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to Mr. Clark
 Date Bill was presented _____ Date Bill was paid June 16 30 3/4 July 12 3/4

 _____ Amount of Bill, 65 00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____
 _____ Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 5Funeral No. this year, 5

Date of Death, July 7 18 79 Color W Age 17 Years. 17 Months. 17 Days.

Name of Deceased, Rosa J. Harvey

Place of death, Pennsylvania Street. Ward No.

Residence, Pennsylvania Sex, F Single, Married

Occupation, Wife of

Birth-place, Pennsylvania Widow of

Name of Father, R. W. Harvey His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

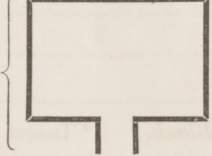
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Pennsylvania Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **††**

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by 20 00

Length of Casket, 5 Feet, 3 Inches. Width of Casket, Inches. 4 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages 10 00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to R. W. Harvey

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 34 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 6Funeral No. this year, 6

Date of Death, Aug 8 18 79 Color † Age { 17 Years.
17 Months.
17 Days.

Name of Deceased, W. J. Hull

Place of death, Cheney Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

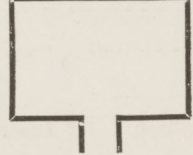
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Appleton Cemetery Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or Y Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Wells

Length of Casket, 6 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Obel Schaub

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 34 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 7Funeral No. this year, 7

Date of Death, 18 Color † Age 35 Years. 35 Months. 35 Days.

Name of Deceased, William Ballard

Place of death, Home Street, Ward No.

Residence, " Sex, M Single, 5 Married, 5

Occupation, Teacher Wife of Mr

Birth-place, Mr Widow of Mr

Name of Father, Mr His Birth-place, *

Name of Mother, Mr Her Birth-place, *

Cause of death, } Primary, Summit Duration, 1

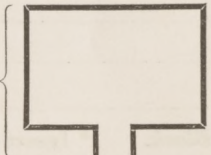
Cause of death, } Secondary, Summit Duration, 1

Certifying Physician, Dr

Place of burial, Home Cemetery, Hill Lillian's Lot


Date of burial, 18 Section No. 1 Lot No. 1

Funeral held at House, or Church

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 6 Style, Willis Made by Willis

Length of Casket, 6 Feet, 10 Inches. Width of Casket, 4 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Willis

Robe, Shroud, or Dress No. 1 Color, White Made by Willis

Lining No. 1 Color, White Handles No. 1 Plate No. 1

Time of Dressing, 1 Crape on door, 1

Washing and laying out, 1 Shaving, 1

Embalming, 1 Preserver and Ice, 1

Hearse and 1 Carriages 1

Carriage to call for 1 Time, 1

Carriage to call for 1 Time, 1

Carriage to call for 1 Time, 1

Flowers, 1

Use of 1 Folding Chairs, 1 Pair of Gloves, 1

Personal attendance, 1 Porters or Help, 1

Delivering Box to Cemetery, 1 Use of Pedestals or Pall, 1

Badges for Bearers, 1 Use of Candlesticks, 1

Inserting death Notices in Papers, 1

Bill to be charged to Mrs. Lillian

Date Bill was presented 18 Date Bill was paid Paid

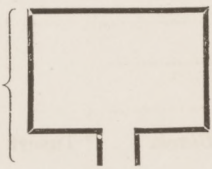

Amount of Bill, 34 00

Time of Services, 1 A. M., 1 P. M., 1 Forward from last page, 1

Amount forward to next page, 1

FUNERAL DIRECTORS REGISTER.

Total Number to date, 8Funeral No. this year, 8

Date of Death, 18..... Color †..... Age { 65 Years.
 Name of Deceased, Mrs. D. Brinn Months.
 Place of death, Lawrence Street. Ward No.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Ireland Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church. {
 Diagram of Burial Lot. } 
 † State whether White or Black. * Insert Town and State. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

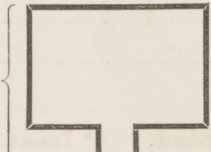

Casket or Coffin No. Style, Made by
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to F. Keller
 Date Bill was presented Date Bill was paid April

Amount of Bill,
 Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 9Funeral No. this year, 9

Date of Death, Dec 4 18 79 Color † Age { 53 Years.
11 Months.
22 Days.
Name of Deceased, Julius A. Poppe
Place of death, Germany Street, _____ Ward No. _____
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, Merchant Wife of _____
Birth-place, Germany Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, Fever Duration, _____
Cause of death, } Secondary, _____ Duration, _____
Certifying Physician, Dr. Van Gelder
Place of burial, Germany Cemetery, Hill
Date of burial, _____ Section No. _____ Lot No. _____
Funeral held at House, or _____ Church, _____
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____	Style, <u>R. P.</u>	Made by <u>Hiles</u>	<u>40 00</u>
Length of Casket, <u>6</u> Feet, _____ Inches.	Width of Casket, _____ Inches.		
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____			<u>4 00</u>
Robe, Shroud, or Dress No. _____	Color, _____	Made by _____	<u>6 00</u>
Lining No. _____	Color, _____	Handles No. <u>3 pr</u>	<u>2 50</u>
Time of Dressing, _____	Crape on door, _____		
Washing and laying out, _____	Shaving, _____		
Embalming, _____	Preserver and Ice, _____		
Hearse and _____	Carriages _____		<u>10 00</u>
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Flowers, _____			
Use of _____	Folding Chairs, _____	Pair of Gloves, _____	
Personal attendance, _____	Porters or Help, _____		
Delivering Box to Cemetery, _____	Use of Pedestals or Pall, _____		<u>5 00</u>
Badges for Bearers, _____	Use of Candlesticks, _____		
Inserting death Notices in Papers, _____			
Bill to be charged to <u>Mrs. Poppe</u>			
Date Bill was presented _____	Date Bill was paid <u>Paid</u>		
<u>Re Paid Monies for Hearse</u>			<u>2 00</u>
Amount of Bill, <u>65 00</u>			
Time of Services, _____ A. M., _____ P. M., _____	Forward from last page, _____		
Amount forward to next page, _____			

FUNERAL DIRECTORS REGISTER.

Total Number to date, 10

Funeral No. this year, 1

Date of Death, March 22 1894 Color † Age { 4 Years. 15 Months. 15 Days.

Name of Deceased, Left Daughter A. W.

Place of death, St. Ellen Street, 9 Ward No.

Residence, " Sex, F. Single, Married,

Occupation, Wife of

Birth-place, St. Ellen Widow of

Name of Father, A. W. Pieratt His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, { Primary, Fatal Brain Duration,

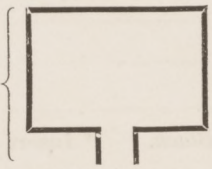

Cause of death, { Secondary, Duration,

Certifying Physician,

Place of burial, Funeral Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Hiles

Length of Casket, 2 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. Sup. Plate

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to A. W. Pieratt

Date Bill was presented Date Bill was paid Paid

16 00
2 80
1 00

Amount of Bill, 20 80

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, *11*Funeral No. this year, *2*

Date of Death, *May 18* 18*99* Color *†* Age { *38* Years.
18 Months.
20 Days.

Name of Deceased, *Katharine Schuster*

Place of death, *San Francisco* Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, *Carpenter* Wife of _____

Birth-place, *Germany, Bavaria* Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, *Carcinoma of Uterus* Duration, _____

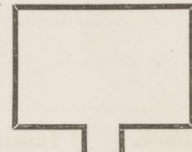
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, *San Francisco* Cemetery, *Hill*

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or *Lodge Room* Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to *San Francisco Lodge T.O.O.F.*

Date Bill was presented _____ Date Bill was paid *Paid*

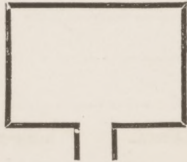

Amount of Bill, *16.00*

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 121Funeral No. this year, 3

Date of Death, May 22 1894 Color † Age { Seil Years.
 Name of Deceased, Luft of Schumacher Months.
 Place of death, Sumner Street, Ward No. Days.
 Residence, " Sex, " Single, " Married, "
 Occupation, " Wife of "
 Birth-place, Sumner Widow of "
 Name of Father, Schumacher His Birth-place, * "
 Name of Mother, " Her Birth-place, * "
 Cause of death, } Primary, " Duration, "
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, "
 Place of burial, Sumner Cemetery, Hill
 Date of burial, " Section No. " Lot No. "
 Funeral held at House, or " Church. "
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. " Style, " Made by "
 Length of Casket, 2 Feet, 9 Inches. Width of Casket, " Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, "
 Robe, Shroud, or Dress No. " Color, " Made by "
 Lining No. " Color, " Handles No. " Plate No. "
 Time of Dressing, " Crape on door, "
 Washing and laying out, " Shaving, "
 Embalming, " Preserver and Ice, "
 Hearse and " Carriages "
 Carriage to call for " Time, "
 Carriage to call for " Time, "
 Carriage to call for " Time, "
 Flowers, "
 Use of " Folding Chairs, " Pair of Gloves, "
 Personal attendance, " Porters or Help, "
 Delivering Box to Cemetery, " Use of Pedestals or Pall, "
 Badges for Bearers, " Use of Candlesticks, "
 Inserting death Notices in Papers, "
 Bill to be charged to "
 Date Bill was presented " Date Bill was paid "

Amount of Bill, 14 00
 Time of Services, " A. M., " P. M., " Forward from last page, 2 50

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 13Funeral No. this year, 4

Date of Death, July 7 1888 Color † Age 22 { Years.
Months.
Days.

Name of Deceased, Andrew Child

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

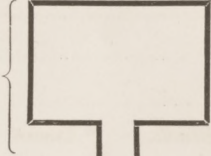
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Sumner Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **†**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 3 Feet, 9 Inches. Width of Casket, _____ Inches. 14 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 2 50

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 16 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 14Funeral No. this year, 5

Date of Death, Aug 4 1887 Color † Age 1 { Years.
Months.
Days.

Name of Deceased, George Barney

Place of death, Home Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Heart Disease Duration,


Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery, Hill


Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Schmidt's

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 17 00

Time of Services, A. M., P. M., Forward from last page, 30 00

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 15

Funeral No. this year, 6

Date of Death, Sept 6 1887 Color † Age { 55 Years.
1 Months.
0 Days.

Name of Deceased, S. Marks

Place of death, Prisoner Street, Ward No.

Residence, San Francisco Sex, M Single, Married

Occupation, Germany Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

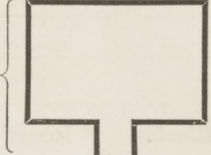
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, City Cemetery, German

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 50.00

Time of Services, A. M., P. M., Forward from last page, 5.00

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 17Funeral No. this year, 8

Date of Death, Oct 11 1888 Color † Age 47 Years. 47 Months. 47 Days.

Name of Deceased, Frank S. Vaslit

Place of death, San Francisco Street. Ward No.

Residence, San Francisco Sex, Single Married, Single

Occupation, Physician Wife of Widow of

Birth-place, San Francisco His Birth-place, * San Francisco

Name of Father, Lyphard Vaslit Her Birth-place, * San Francisco

Cause of death, } Primary, Lyphard Vaslit Duration, 1888

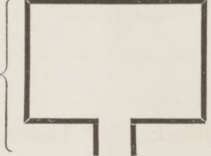
Cause of death, } Secondary, 1888 Duration, 1888

Certifying Physician, San Francisco

Place of burial, San Francisco Cemetery, Hill

Date of burial, 1888 Section No. 1888 Lot No. 1888

Funeral held at House, or Church

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1888 Style, 1888 Made by 1888

Length of Casket, 1888 Feet, 1888 Inches. Width of Casket, 1888 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 1888

Robe, Shroud, or Dress No. 1888 Color, 1888 Made by 1888

Lining No. 1888 Color, 1888 Handles No. 1888 Plate No. 1888

Time of Dressing, 1888 Crape on door, 1888

Washing and laying out, 1888 Shaving, 1888

Embalming, 1888 Preserver and Ice, 1888

Hearse and 2 Horses Carriages 1888

Carriage to call for 1888 Time, 1888

Carriage to call for 1888 Time, 1888

Carriage to call for 1888 Time, 1888

Flowers, 1888

Use of 1888 Folding Chairs, 1888 Pair of Gloves, 1888

Personal attendance, 1888 Porters or Help, 1888

Delivering Box to Cemetery, 1888 Use of Pedestals or Pall, 1888

Badges for Bearers, 1888 Use of Candlesticks, 1888

Inserting death Notices in Papers, 1888

Bill to be charged to 1888

Date Bill was presented 1888 Date Bill was paid 1888

Amount of Bill, 1888

Time of Services, 1888 A. M., 1888 P. M., 1888 Forward from last page, 1888

Amount forward to next page, 1888

FUNERAL DIRECTORS REGISTER.

Total Number to date, 18Funeral No. this year, 9

Date of Death, Oct 13 1887 Color † _____ Age { 4 Years.
4 Months.
 Days.

Name of Deceased, Louisa Child

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Whooping Cough Duration, _____


Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus : 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, R.S.P. Made by _____

Length of Casket, 3 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 20.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 19Funeral No. this year, 10

Date of Death, Mar 11 18 80 Color Blk Age { 78 Years.
2-12 Months.
0 Days.

Name of Deceased, E. H. Bell

Place of death, Crook's Ranch Street. Ward No. _____

Residence, Sumner Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, New York Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

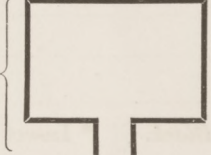


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Parsons 12.00

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches. 4.00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, 5.00

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Crook

Date Bill was presented _____ Date Bill was paid paid

Amount of Bill, 16.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 20Funeral No. this year, 11

Date of Death, Nov 11 1887 Color † Age 65 Years. 9 Months. 1 Days.

Name of Deceased, P. R. Ringstrom

Place of death, Home Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Sweden Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Tup. of Bowels Duration, _____


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Home Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. 10.00 Plate No. 5.00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 98.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 31

Funeral No. this year, 12

Date of Death, Nov 20 18 80 Color br Age 9 Months.

Name of Deceased, Emilia Lovell Schetter (1 / 1) Days.

Place of death,.....*1000*.....Street. *Ward No.*.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, *Wells Schettin* His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death,) Primary, *Ulcers*, Duration,

Cause of death, } Secondary, *Alcohol poisoning* Duration,

Certifying Physician, Dr. Wells.

Place of burial, Cemetery,

Date of burial,..... Section No. Lot No.

Funeral held at House, or.....Church.

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this I for every Grave in it. And mark *this* Burial with double dagger thus : ‡.

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by *Julius*

Length of Casket, 4 Feet, 9 Inches. Width of Casket. Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,.....

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. *2 for 3.03* Plate No. *570*

Time of Dressing, Crape on door,

Washing and laying out,..... Shaving,.....

Embalming,..... Preserver and Ice,.....

Hearse and..... Carriages.....

..... Carriage to call for Time.

..... Carriage to call for Time.

..... Carriage to call for Time.

Flowers,

Use of.....Folding Chairs,.....Pair of Gloves,.....

Personal attendance, Porters or Help,

Delivering Box to Cemetery,..... Use of Pedestals or Pall.

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,.....

Bill to be charged to.....

Date Bill was presented..... Date Bill was paid.....

Time of Services..... A M..... P M..... Amount of Bill,

Continued from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 22Funeral No. this year, 13

Date of Death, Mar 28 65 1870 Color † Age { 7 Years.
3 Months.
 Days.

Name of Deceased, Patrick Malley

Place of death, San Francisco Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Laborer Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Apoplexy Duration,

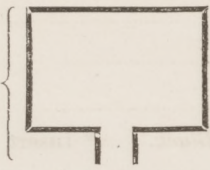
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, San Francisco Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. {  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Hiles

Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, 3/4 Handles No. 5.00/5.00 Plate No. 5.00

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages,

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid March 7 1871

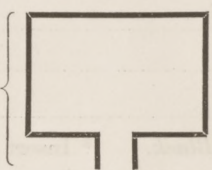

Amount of Bill, 90.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 23Funeral No. this year, 14

Date of Death, Dec 5 1890 Color † Age 48 Years.
 Name of Deceased, Mrs Emily Parish Months.
 Place of death, Franklin Street. Ward No.
 Residence, " Sex, Female Single, M Married,
 Occupation, Wife of E. C. Parish
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Cancer Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Franklin Cemetery, Hill
 Date of burial, Dec 7 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Giles Made by
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Paid
 Amount of Bill, 25 00
 Time of Services, A. M., P. M., Forward from last page, 4 00
 Amount forward to next page, 10 00
 Amount of Bill, 40 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 24Funeral No. this year, 1

Date of Death, June 17 1884 Color Br. Age 18 Years. 18 Months. 18 Days.

Name of Deceased, Theresea Ottell

Place of death, San Francisco Street, _____ Ward No. _____

Residence, _____ Sex, M Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, California Widow of _____

Name of Father, F. Ottell His Birth-place, *

Name of Mother, _____ Her Birth-place, *

Cause of death, } Primary, General Debility Duration, _____

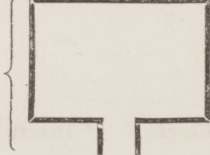

Cause of death, } Secondary, Small Pox Duration, _____


Certifying Physician, _____

Place of burial, San Francisco Cemetery, Hill

Date of burial, June 19 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Hiles

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches. 26 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 2 50

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 10 00

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 87 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 25Funeral No. this year, 2

Date of Death, Feb 17 1891 Color W Age { 8 Years.
8 Months.
8 Days.

Name of Deceased, Infant child David J Jones

Place of death, Lincoln Street. **Ward No.** _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Lincoln Widow of _____

Name of Father, D. J. Jones His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Spinal Disease Duration, _____

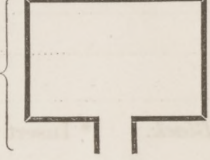
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Fuller

Place of burial, Lincoln Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Hills

Length of Casket, 2 Feet, _____ Inches. Width of Casket, _____ Inches. 8 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 2 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 10 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 26Funeral No. this year, 3

Date of Death, Apr 18 1891 Color W Age 35 { Years.
Months.
Days.

Name of Deceased, Patrick Gaffney

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Dr. illness Duration, _____

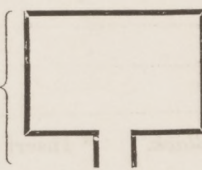
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Home Cemetery, Flat

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by P.L.C.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Foran County

Date Bill was presented _____ Date Bill was paid Paid

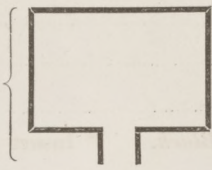

Amount of Bill, 12 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 27Funeral No. this year, 4

Date of Death, April 30 1884 Color Indian Age { Years.
 Months.
 Days.
Name of Deceased, Francisco
Place of death, San Jose Street, Ward No.
Residence, Sex, Single, Married,
Occupation, Wife of
Birth-place, California Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Diphtheria Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, San Jose Cemetery, Vallejo's
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Schmidt
Length of Casket, Feet, Inches. Width of Casket, Inches. 10 00
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to San Jose Coroner
Date Bill was presented Date Bill was paid

Amount of Bill, 10 00
Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 28 Funeral No. this year, 5

Date of Death, May 7 1894 Color W. Age 79 { Years.
Months.
Days.

Name of Deceased, Mrs Charlotte Bright

Place of death, Home Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Penn. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Old Age Duration, _____

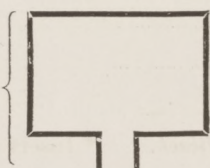
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Home Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to R L Watt

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 59 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 29Funeral No. this year, 6

Date of Death, June 1 1884 Color Wh Age 34 Years. 0 Months. 0 Days.

Name of Deceased, Orick Johnson

Place of death, San Francisco Street. Ward No. 1

Residence, 1 Sex, Male Single, Married

Occupation, None Wife of None

Birth-place, None Widow of None

Name of Father, None His Birth-place, None

Name of Mother, None Her Birth-place, None

Cause of death, } Primary, Consumption Duration, None

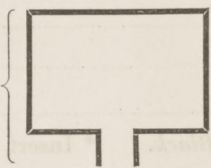

Cause of death, } Secondary, None Duration, None

Certifying Physician, None

Place of burial, Sanoma Cemetery, Hill

Date of burial, None Section No. None Lot No. None

Funeral held at House, or None Church. None

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. None Style, None Made by None

Length of Casket, None Feet, None Inches. Width of Casket, None Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, None

Robe, Shroud, or Dress No. None Color, None Made by None

Lining No. None Color, None Handles No. None Plate No. None

Time of Dressing, None Crape on door, None

Washing and laying out, None Shaving, None

Embalming, None Preserver and Ice, None

Hearse and None Carriages, None

Carriage to call for None Time, None

Carriage to call for None Time, None

Carriage to call for None Time, None

Flowers, None

Use of None Folding Chairs, None Pair of Gloves, None

Personal attendance, None Porters or Help, None

Delivering Box to Cemetery, None Use of Pedestals or Pall, None

Badges for Bearers, None Use of Candlesticks, None

Inserting death Notices in Papers, None

Bill to be charged to Proven Society

Date Bill was presented None Date Bill was paid None

Amount of Bill, 15.00

Time of Services, None A. M., None P. M., None Forward from last page, None

Amount forward to next page, None

FUNERAL DIRECTORS REGISTER.

Total Number to date, 30Funeral No. this year, 7

Date of Death, June 13 1894 Color ℓℓ Age { 3 Years.
3 Months.
2 Days.

Name of Deceased, Miller

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, N.Y. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, "Hemorrhage" Duration, _____

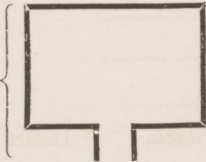
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, Flat

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by F.L.C.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Sumner County

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 12 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 31Funeral No. this year, 8

Date of Death, June 22 1877 Color † Age 76 Years. 1 Months. 1 Days.

Name of Deceased, Joseph Martin

Place of death, Primer Street. Ward No. 1

Residence, Primer Sex, Male Single, Married

Occupation, Primer Wife of Primer

Birth-place, Primer Widow of Primer

Name of Father, Primer His Birth-place, * Primer

Name of Mother, Primer Her Birth-place, * Primer

Cause of death, } Primary, Old Age Duration, Primer

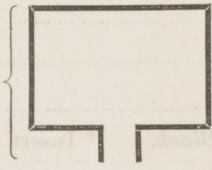
Cause of death, } Secondary, Primer Duration, Primer


Certifying Physician, Primer

Place of burial, Primer Cemetery, Bill

Date of burial, Primer Section No. Primer Lot No. Primer

Funeral held at House, or Primer Church. Primer

Diagram of }  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL: (Cross out items not furnished.)

Casket or Coffin No. Primer Style, Primer Made by Primer 15.00

Length of Casket, Primer Feet, Primer Inches. Width of Casket, Primer Inches. 2.50

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Primer

Robe, Shroud, or Dress No. Primer Color, Primer Made by Primer

Lining No. Primer Color, Primer Handles No. Primer Plate No. Primer

Time of Dressing, Primer Crape on door, Primer

Washing and laying out, Primer Shaving, Primer

Embalming, Primer Preserver and Ice, Primer

Hearse and Primer Carriages Primer 10.00

Carriage to call for Primer Time, Primer

Carriage to call for Primer Time, Primer

Carriage to call for Primer Time, Primer

Flowers, Primer

Use of Primer Folding Chairs, Primer Pair of Gloves, Primer

Personal attendance, Primer Porters or Help, Primer

Delivering Box to Cemetery, Primer Use of Pedestals or Pall, Primer

Badges for Bearers, Primer Use of Candlesticks, Primer

Inserting death Notices in Papers, Primer

Bill to be charged to Primer

Date Bill was presented Primer Date Bill was paid Primer Primer

Amount of Bill, 27.50

Time of Services, Primer A. M., Primer P. M., Primer Forward from last page, Primer

Amount forward to next page, Primer

FUNERAL DIRECTORS REGISTER.

Total Number to date, 32 Funeral No. this year, 9

Date of Death, June 28 1897 Color † Br. Age { 74 Years. 8 Months. 27 Days.

Name of Deceased, Dr. Chas. Wm. Goldsmith

Place of death, ... Street. Ward No. ...

Residence, ... Sex, ... Single, ... Married, ...

Occupation, Physician Wife of ...

Birth-place, ... Widow of ...

Name of Father, ... His Birth-place, * ...

Name of Mother, ... Her Birth-place, * ...

Cause of death, { Primary, Bowel Complaint Duration, 1 Week

Cause of death, { Secondary, ... Duration, ...

Certifying Physician, ...

Place of burial, ... Cemetery, ...

Date of burial, ... Section No. ... Lot No. ...

Funeral held at House, or ... Church.

Diagram of Burial Lot. { [Diagram] Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: [Symbol]

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. ... Style, ... Made by, Giles

Length of Casket, 6 Feet, 3 Inches. Width of Casket, ... Inches. 53 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, ... 4 00

Robe, Shroud, or Dress No. ... Color, ... Made by, ...

Lining No. ... Color, 3 pr. Handles No. 600 Plate No. 5.00 11 00

Time of Dressing, ... Crape on door, ...

Washing and laying out, ... Shaving, ... 1 00

Embalming, 10.00 Preserver and Ice, 8.12 50

Hearse and 3 Carriages 8.12 50

Carriage to call for ... Time, ...

Carriage to call for ... Time, ...

Carriage to call for ... Time, ...

Flowers, ...

Use of Folding Chairs, ... Pair of Gloves, ...

Personal attendance, ... Porters or Help, ...

Delivering Box to Cemetery, ... Use of Pedestals or Pall, 5.00

Badges for Bearers, ... Use of Candlesticks, ...

Inserting death Notices in Papers, ...

Bill to be charged to ...

Date Bill was presented, ... Date Bill was paid, Paid

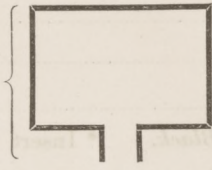

Amount of Bill, 94.50

Time of Services, ... A. M., ... P. M., ... Forward from last page, ...

Amount forward to next page, ...

FUNERAL DIRECTORS REGISTER.

Total Number to date, 33Funeral No. this year, 10

Date of Death, July 24 1887 Color Indian Age { 3 Years.
3 Months.
3 Days.
 Name of Deceased, "Indian"
 Place of death, San Juan Street. Ward No.
 Residence, " Sex, " Single, " Married, "
 Occupation, " Wife of "
 Birth-place, Cal. Widow of "
 Name of Father, " His Birth-place, * "
 Name of Mother, " Her Birth-place, * "
 Cause of death, } Primary, Killed Duration, "
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, "
 Place of burial, " Cemetery, "
 Date of burial, " Section No. " Lot No. "
 Funeral held at House, or " Church. "
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. " Style, " Made by "
 Length of Casket, " Feet, " Inches. Width of Casket, " Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, "
 Robe, Shroud, or Dress No. " Color, " Made by "
 Lining No. " Color, " Handles No. " Plate No. "
 Time of Dressing, " Crape on door, "
 Washing and laying out, " Shaving, "
 Embalming, " Preserver and Ice, "
 Hearse and " Carriages "
" Carriage to call for " Time, "
" Carriage to call for " Time, "
" Carriage to call for " Time, "
 Flowers, "
 Use of " Folding Chairs, " Pair of Gloves, "
 Personal attendance, " Porters or Help, "
 Delivering Box to Cemetery, " Use of Pedestals or Pall, "
 Badges for Bearers, " Use of Candlesticks, "
 Inserting death Notices in Papers, "
 Bill to be charged to San Juan County
 Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 12 00
 Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 34 Funeral No. this year, 11

Date of Death, July 28 1897 Color br Age { 2 Years. 4 Months. 3 Days.

Name of Deceased, Ralph Thompson

Place of death, San Jose Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, P. H. Thompson His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, { Primary, Croup Duration, _____

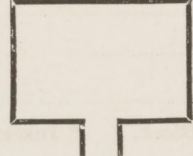

Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence

Place of burial, San Jose Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, R.S. Made by _____

Length of Casket, 3 Feet, 3 Inches. Width of Casket, _____ Inches. 20 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 3 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. Inf Plate No. "Our Babe" 1 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 12 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to P. H. Thompson

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 36 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 35Funeral No. this year, 12

Date of Death, Aug 14 18 87 Color † Age 3 Years. 3 Months. 3 Days.

Name of Deceased, Mrs. H. P. Hilson

Place of death, Home Street, 9 Ward No.

Residence, " Sex, F Single, Married,

Occupation, Wife of H. P. Hilson

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Child Broom Duration,

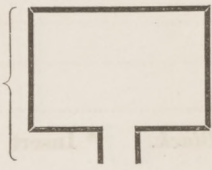
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Home Cemetery, Hill


Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to H. P. Hilson

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 65.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 36Funeral No. this year, 13

Date of Death, Oct 11 1887 Color W Age { 2 Years.
3 Months.
2 Days.

Name of Deceased, Ludemann Child

Place of death, Home Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Scarlet Fever Duration,

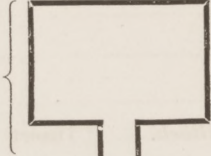
Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Puller

Place of burial, Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 3 Feet, 9 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Inf Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Mr. Ludemann

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 45.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 37Funeral No. this year, 14

Date of Death, Nov 9 18 87 Color † Age 35 Years. 5 Months. — Days.

Name of Deceased, Mar. Trinters

Place of death, Summer Street. Ward No. —

Residence, — Sex, M. Single, — Married, —

Occupation, Carpenter Wife of —

Birth-place, Germany Widow of —

Name of Father, — His Birth-place, * —

Name of Mother, — Her Birth-place, * —

Cause of death, } Primary, suicide Duration, —

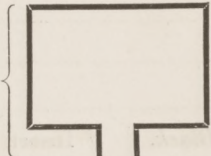
Cause of death, } Secondary, — Duration, —

Certifying Physician, —

Place of burial, — Cemetery, Flat


Date of burial, — Section No. — Lot No. —

Funeral held at House, or — Church. —

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus : ‡.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. — Style, — Made by F.R.C.

Length of Casket, — Feet, — Inches. Width of Casket, — Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, —

Robe, Shroud, or Dress No. — Color, — Made by —

Lining No. — Color, — Handles No. — Plate No. —

Time of Dressing, — Cape on door, —

Washing and laying out, — Shaving, —

Embalming, — Preserver and Ice, —

Hearse and — Carriages —

— Carriage to call for — Time, —

— Carriage to call for — Time, —

— Carriage to call for — Time, —

Flowers, —

Use of — Folding Chairs, — Pair of Gloves, —

Personal attendance, — Porters or Help, —

Delivering Box to Cemetery, — Use of Pedestals or Pall, —

Badges for Bearers, — Use of Candlesticks, —

Inserting death Notices in Papers, —

Bill to be charged to Summer County

Date Bill was presented — Date Bill was paid Paid

Amount of Bill, 15.00

Time of Services, — A. M., — P. M., — Forward from last page, —

Amount forward to next page, —

FUNERAL DIRECTORS REGISTER.

Total Number to date, 38Funeral No. this year, 15

Date of Death, Nov 13 1881 Color † Age { Years.
 Months.
 Days.

Name of Deceased, Man at Dredge

Place of death, Germany Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Labourer Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Accidental Duration,


Cause of death, } Secondary, Duration,


Certifying Physician,

Place of burial, Cemetery, Flat

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 6 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented, Date Bill was paid, Paid

Amount of Bill, 35 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 39Funeral No. this year, 16

Date of Death, Dec. 25 18 87 Color † Age 7 { Years. Months. Days.

Name of Deceased, Thomas

Place of death, Home Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Laborer Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

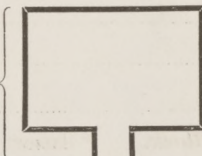
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 12.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 40Funeral No. this year, 1

Date of Death, Jan 16 1887 Color † Age 24 { Years.
Months.
Days.

Name of Deceased, H. B. Stedeman

Place of death, _____ Street. **Ward No.** _____

Residence, Juniper Sex, _____ Single, _____ Married, _____

Occupation, Hunter Wife of _____

Birth-place, Juniper Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Accidental Duration, _____

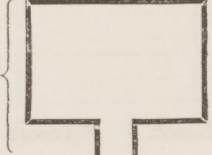
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 15.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 41Funeral No. this year, 2

Date of Death, March 11 1882 Color † Age 24 Years. 10 Months. Days.

Name of Deceased, Epigene L. Laise

Place of death, San Francisco Street. Ward No.

Residence, San Francisco Sex, M Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Inflamm of Brain Duration,

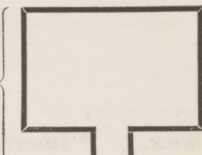
Cause of death, } Secondary, Duration,

Certifying Physician,



Place of burial, San Francisco Cemetery, Bill


Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: .

Designate site of Monument thus: .

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 15.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 43Funeral No. this year, 8

Date of Death, April 5 1882 Color Y Age 38 { Years.
Months.
Days.

Name of Deceased, Lebrina Clara (Lerner)

Place of death, Philadelphia Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Mobil Alabama Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Heart Disease Duration, _____

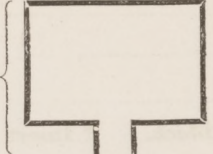
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Hilo

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 8.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 43Funeral No. this year, 4

Date of Death, April 10 1882 Color † Age 74 Years. 74 Months. 74 Days.

Name of Deceased, Bridget Monahan

Place of death, London Street. **Ward No.** _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

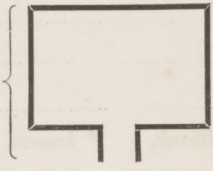
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, London Cemetery, Catholic

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to P. Monahan

Date Bill was presented _____ Date Bill was paid April



Amount of Bill, 50 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 44Funeral No. this year, 5

Date of Death, July 24 1882 Color 1/2 Age { 6 Years.
6 Months.
 Days.
Name of Deceased, William Child
Place of death, Street. Ward No.
Residence, Sex, Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, Cemetery, Hill
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
Length of Casket, 2 Feet, 9 Inches. Width of Casket, Inches. 16 00
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid Paid

Amount of Bill, 16 00
Time of Services, A. M., P. M., Forward from last page,
Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 45Funeral No. this year, 6

Date of Death, Aug 5 18 82 Color † Age 28 Years. 28 Months. 28 Days.

Name of Deceased, Wm. L. Lindstrom

Place of death, Home Street, Block Ward No.

Residence, Block Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Typhoid Fever Duration,

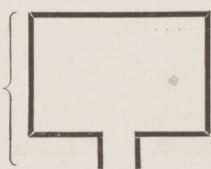

Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, 3 pr. Handles No. 500 Plate No. Eng 500

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages,

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Mrs. Lubbeck

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 75 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 46Funeral No. this year, 7

Date of Death, 18 Color † Age { Years.
 Months.
 Days.

Name of Deceased, Indian

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

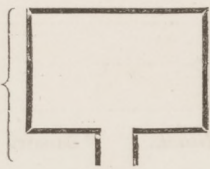
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: ☐

ITEMS OF BILL, (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill,

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 47Funeral No. this year, 8

Date of Death, May 26 18 87 Color W Age { 57 Years.
7 Months.
7 Days.

Name of Deceased, Jacob Hambert

Place of death, San Francisco Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Cancer of Stomach Duration, _____

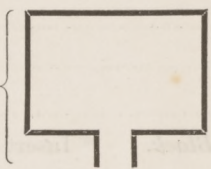
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and Attendants Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 25.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 48Funeral No. this year, 9

Date of Death, Aug 28 18 82 Color Br Age { 82 Years. 4 Months. 3 Days.

Name of Deceased, James E. Matthew

Place of death, Freemans Street. Ward No. _____

Residence, " Sex, _____ Single, M Married, _____

Occupation, _____ Wife of _____

Birth-place, England Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Apoplexy Duration, _____

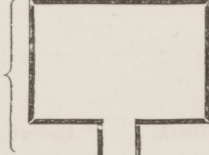
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

~~Casket~~ or Coffin No. _____ Style, _____ Made by P. M. Co.

Length of Casket, 5 Feet, 3 Inches. Width of Casket, _____ Inches. 25 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 5 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____ 5 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____ 10 00

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

_____ Amount of Bill, 50 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 49Funeral No. this year, 10

Date of Death, Sept - 3 1885 Color Indian Age 30 Years. Months. Days.

Name of Deceased, Jamie Indian

Place of death, Mc Gillis Street. Ward No.

Residence, Sex, M Single, ✓ Married,

Occupation, Labourer Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

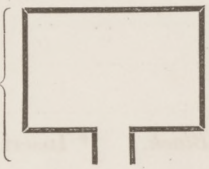
Cause of death, } Secondary, Duration,


Certifying Physician,

Place of burial, Flat Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages.

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to J. J. Jones & Co

Date Bill was presented Date Bill was paid

Amount of Bill, 15 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 57Funeral No. this year, 11

Date of Death, Sept 7 18 82 Color Y Age 4 Years. 7 Months. 7 Days.

Name of Deceased, Chas Blair

Place of death, Waller Street. Ward No.

Residence, Waller Sex, M Single, Married

Occupation, Waller Wife of Waller

Birth-place, Waller Widow of Waller

Name of Father, Waller His Birth-place, *

Name of Mother, Waller Her Birth-place, *

Cause of death, } Primary, Cong. of Lung Duration, Waller

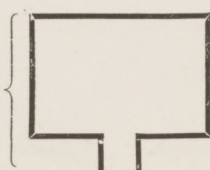
Cause of death, } Secondary, Waller Duration, Waller

Certifying Physician, Dr Lawrence

Place of burial, Hill Cemetery, Waller

Date of burial, Waller Section No. Waller Lot No. Waller

Funeral held at House, or Waller Church. Waller

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Waller Style, Waller Made by Giles 25 00

Length of Casket, Waller Feet, Waller Inches. Width of Casket, Waller Inches. 3 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Waller

Robe, Shroud, or Dress No. Waller Color, Waller Made by Waller 5 00

Lining No. Waller Color, Waller Handles No. Waller Plate No. Waller

Time of Dressing, Waller Crape on door, Waller

Washing and laying out, Waller Shaving, Waller

Embalming, Waller Preserver and Ice, Waller

Hearse and Waller Carriages. 10 00

Carriage to call for Waller Time, Waller

Carriage to call for Waller Time, Waller

Carriage to call for Waller Time, Waller

Flowers, Waller

Use of Waller Folding Chairs, Waller Pair of Gloves, Waller

Personal attendance, Waller Porters or Help, Waller

Delivering Box to Cemetery, Waller Use of Pedestals or Pall, Waller 8 50

Badges for Bearers, Waller Use of Candlesticks, Waller

Inserting death Notices in Papers, Waller

Bill to be charged to Mrs Blair

Date Bill was presented, Waller Date Bill was paid, Paid

Amount of Bill, 43 50

Time of Services, Waller A. M., Waller P. M., Waller Forward from last page, Waller

Amount forward to next page, Waller

FUNERAL DIRECTORS REGISTER.

Total Number to date, 51Funeral No. this year, 12

Date of Death, Sept 22 1883 Color † Chinese Age { 25 Years.
Mo Lung Months.
 Days.

Name of Deceased, Mo Lung

Place of death, _____ Street. Ward No. _____

Residence, Juneau Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, China Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Accidental Duration, _____

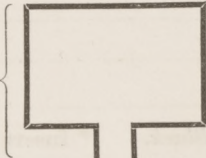
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Gasket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Ming Kong

Date Bill was presented _____ Date Bill was paid paid

Amount of Bill, 24 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 52Funeral No. this year, 13

Date of Death, Sept 27 1882 Color † _____ Age { 5 Years.
3 Months.
5 Days.

Name of Deceased, Nelson

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pneumonia Duration, _____

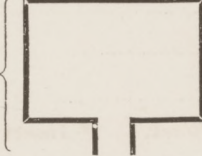
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches. 25 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Switzer

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 25 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 53Funeral No. this year, 14

Date of Death, Oct 12 1882 Color W Age 5 Years. 3 Months. 1 Days.

Name of Deceased, Jelie Robin

Place of death, France Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, France Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Acute Inf of Brain Duration, _____

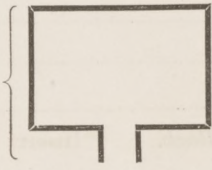

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, 12 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles

Length of Casket, 2 Feet, 9 Inches. Width of Casket, _____ Inches. 16 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 16 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 54Funeral No. this year, 13

Date of Death, Oct 16 1888 Color † Age { 6 Years.
6 Months.
6 Days.

Name of Deceased, Sgt. Child Ben Golden

Place of death, franklin Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Ben Golden His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, — Duration, _____

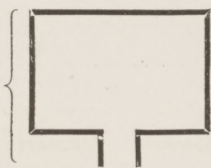
Cause of death, } Secondary, — Duration, _____


Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 2 Feet, 6 Inches. Width of Casket, _____ Inches. 10 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 10 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 55Funeral No. this year, 16

Date of Death, Nov 7 1882 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.

Name of Deceased, Origel J. Anderson

Place of death, _____ Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Unl. Debility Duration, _____


Cause of death, } Secondary, Typhoid Fever Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by "Giles"

Length of Casket, 2 Feet, 9 Inches. Width of Casket, _____ Inches. 18 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 2 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. "Om Babe" 1 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____ 10 00

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paied

_____ Amount of Bill, 31 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

_____ Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 56Funeral No. this year, 17

Date of Death, Dec. 8 1882 Color fair Age { Years.
 Months.
 Days.

Name of Deceased, Chinaman

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Gunshot wound Duration,

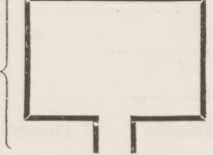
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: ‡.

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill,

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 57Funeral No. this year, 18

Date of Death, Dec 9 1886 Color † Age { 5 Years.
1 Months.
1 Days.

Name of Deceased, Daughter of Baine

Place of death, Home Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Diffusion Duration, _____

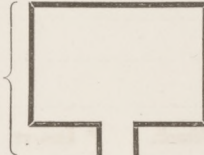
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 5 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to M. Baine

Date Bill was presented _____ Date Bill was paid Paul

Amount of Bill, 18 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 58Funeral No. this year, 19

Date of Death, Dec 12 1882 Color † Age 48 { Years.
Months.
Days.

Name of Deceased, Michael Long

Place of death, Irishman Street. Ward No. _____

Residence, _____ Sex, _____ Single, B Married, _____

Occupation, Farmer Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

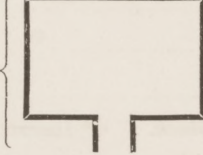
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Catholic Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of }
Burial Lot. } 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches. 65 W

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 8 W

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____ 8 W

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, & fluids Preserver and Ice, _____ 2 50

Hearse and _____ Carriages _____ 10 W

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, & Casket to House Use of Pedestals or Pall, _____ 2 50

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 90 W

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 59

Funeral No. this year, *20*

Date of Death, Dec 16 18 82 Color † Age 3 Years. 10 Months. Days.

Name of Deceased, Thos K Morris

Place of death, Home Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Home Widow of

Name of Father, Jas B Morris His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Measles Croup Duration,


Cause of death, } Secondary, Duration,

Certifying Physician, Dr Lawrence


Place of burial, Home Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus : **‡**.

Designate site of Monument thus : 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 3 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Jas B Morris

Date Bill was presented _____ Date Bill was paid Paid

_____ Amount of Bill, 44 15

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 60Funeral No. this year, 21

Date of Death, Dec 23 1882 Color † Age 2 Years. 3 Months. 3 Days.

Name of Deceased, Child of Anderson

Place of death, San Francisco Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, San Francisco Widow of _____

Name of Father, Anderson His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Bright Disease Duration, _____

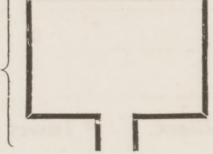
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____


Date of burial, Dec 25 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 28.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 61Funeral No. this year, 1

Date of Death, Jan 6 18 83 Color W Age { 67 Years.
10 Months.
 Days.

Name of Deceased, Henry G. Bates

Place of death, Frederick Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Obstruction of Spleen, Duration,

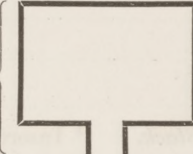
Cause of death, } Secondary, , Duration,

Certifying Physician, Dr. Lawrence

Place of burial, Frederick Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 6 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 80.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 62Funeral No. this year, 2

Date of Death, Jan 28 18 93 Color W. Age 84 Years. 6 Months. Days.

Name of Deceased, Thos. Monahan

Place of death, Freeman Street. Ward No.

Residence, " Sex, Single, Yes Married,

Occupation, Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, 'Old Age' Duration,


Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Catholic Cemetery,


Date of burial, Section No. Lot No.

Funeral held at House, or Catholic Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: ‡.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 6 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 70 00

Time of Services, A. M., P. M., Forward from last page, 5 00

Amount forward to next page, 10 00

FUNERAL DIRECTORS REGISTER.

Total Number to date, 63Funeral No. this year, 3

Date of Death, Feb 12 1883 Color W Age 55 Years. 0 Months. 0 Days.

Name of Deceased, Mat Collins

Place of death, Home Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

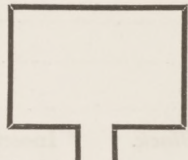
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Catholic Cemetery, _____

Date of burial, ✓ Section No. _____ Lot No. _____

Funeral held at House, or Catholic Church

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to J. Keller

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 65.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 64Funeral No. this year, 4

Date of Death, Apr 3 1883 Color h Age { 65 Years.
11 Months.
3 Days.

Name of Deceased, Franc Vette

Place of death, France Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, France Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by P. Mfg Co.

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

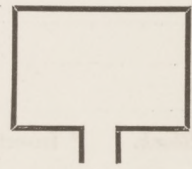
Amount of Bill, 65.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 65Funeral No. this year, 29

Date of Death, Oct-20 1883 Color † Age { — Years.
— Months.
— Days.
 Name of Deceased, Mrs. Lerry
 Place of death, — Street. Ward No. —
 Residence, — Sex, — Single, — Married, —
 Occupation, — Wife of —
 Birth-place, Ireland Widow of —
 Name of Father, — His Birth-place, * —
 Name of Mother, — Her Birth-place, * —
 Cause of death, } Primary, Cancer Duration, —
 Cause of death, } Secondary, — Duration, —
 Certifying Physician, —
 Place of burial, Catholic Cemetery, —
 Date of burial, — Section No. — Lot No. —
 Funeral held at House, or — Church. —
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. — Style, — Made by —
 Length of Casket, 3 Feet, 6 Inches. Width of Casket, — Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, —
 Robe, Shroud, or Dress No. — Color, — Made by —
 Lining No. — Color, — Handles No. — Plate No. —
 Time of Dressing, — Crape on door, —
 Washing and laying out, — Shaving, —
 Embalming, — Preserver and Ice, —
 Hearse and — Carriages —
— Carriage to call for — Time, —
— Carriage to call for — Time, —
— Carriage to call for — Time, —
 Flowers, —
 Use of — Folding Chairs, — Pair of Gloves, —
 Personal attendance, — Porters or Help, —
 Delivering Box to Cemetery, — Use of Pedestals or Pall, —
 Badges for Bearers, — Use of Candlesticks, —
 Inserting death Notices in Papers, —
 Bill to be charged to —
 Date Bill was presented — Date Bill was paid —
Printing
—
—
— Amount of Bill, —
 Time of Services, — A. M., — P. M., — Forward from last page, —
— Amount forward to next page, —

60 00
5 00

10 00

50

2 00

78 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 66Funeral No. this year, 5

Date of Death, April 18 83 Color † Age 35 { Years.
Months.
Days.

Name of Deceased, Chinamess

Place of death, San Francisco Street, Ward No.

Residence, San Francisco Sex, Single, Married,

Occupation, Wife of

Birth-place, China Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

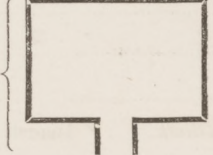
Cause of death, } Primary, suicide Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, San Francisco

Place of burial, San Francisco Cemetery, Section No. Lot No.

Date of burial, Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 3.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 67Funeral No. this year, 6

Date of Death, May 2 1883 Color † Age 25 Years. 7 Months. Days.

Name of Deceased, Chas. H. McDonald

Place of death, Gladius Ranch Street. Ward No.

Residence, Indian Sex, Single, Married,

Occupation, Wife of

Birth-place, Indian Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

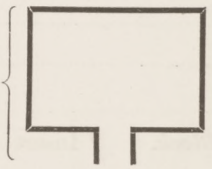
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Cass Style, Made by

Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid April

Amount of Bill, 35 00

Time of Services, A. M., P. M., Forward from last page, 87 00

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 68Funeral No. this year, 7

Date of Death, May 9 18 83 Color W. Age { 23 Years. 11 Months. 5 Days.

Name of Deceased, Albert E Douglas

Place of death, San Francisco Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Petaluma Cal Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Infarct of Heart Duration, _____

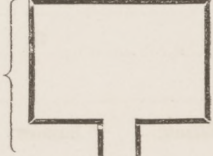
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: ‡.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, # Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

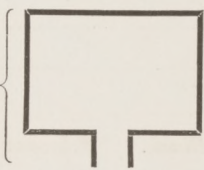

Amount of Bill, 75.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 69Funeral No. this year, 8

Date of Death, May 20 1883 Color † L Age { 63 Years.
Mark Lottin Months.
 Days.
 Name of Deceased, Mark Lottin
 Place of death, London Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Consumption Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, Hill Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of }
 Burial Lot. } 
 † State whether *White* or *Black*. * Insert *Town* and *State*.
 Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to Masonic Lodge
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 45.00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 70Funeral No. this year, 9

Date of Death, June 13 1883 Color W Age 63 Years. 63 Months. 63 Days.

Name of Deceased, Mr. Smith

Place of death, Near Waver Street. Ward No. _____

Residence, " " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Denmark Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

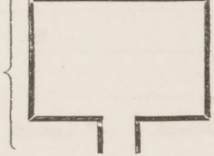
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Green Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Mr. Anderson

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 40 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 71Funeral No. this year, 10

Date of Death, July 16 1883 Color † Age 73 Years. 73 Months. 73 Days.

Name of Deceased, Geo E. Palmer

Place of death, Home Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

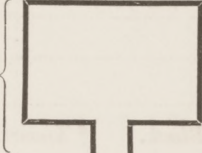

Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Hill Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by C. B. Malott

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 200 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 72Funeral No. this year, 11

Date of Death, Aug 3 18 83 Color h Age { — Years.
— Months.
— Days.

Name of Deceased, Inf Child Geo Golden

Place of death, — Street. **Ward No.** —

Residence, — Sex, — Single, — Married, —

Occupation, — Wife of —

Birth-place, — Widow of —

Name of Father, Geo Golden His Birth-place, * —

Name of Mother, — Her Birth-place, * —

Cause of death, } Primary, — Duration, —

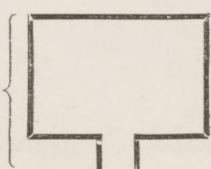
Cause of death, } Secondary, — Duration, —


Certifying Physician, Dr. W. C. Saggs

Place of burial, — Cemetery, —

Date of burial, — Section No. — Lot No. —

Funeral held at House, or — Church. —

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. — Style, — Made by — 6 10

Length of Casket, — Feet, — Inches. Width of Casket, — Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, —

Robe, Shroud, or Dress No. — Color, — Made by —

Lining No. — Color, — Handles No. — Plate No. —

Time of Dressing, — Crape on door, —

Washing and laying out, — Shaving, —

Embalming, — Preserver and Ice, —

Hearse and — Carriages —

— Carriage to call for — Time, —

— Carriage to call for — Time, —

— Carriage to call for — Time, —

Flowers, —

Use of — Folding Chairs, — Pair of Gloves, —

Personal attendance, — Porters or Help, —

Delivering Box to Cemetery, — Use of Pedestals or Pall, —

Badges for Bearers, — Use of Candlesticks, —

Inserting death Notices in Papers, —

Bill to be charged to —

Date Bill was presented — Date Bill was paid Paid

Amount of Bill, 6 10

Time of Services, — A. M., — P. M., — Forward from last page, —

Amount forward to next page, —

FUNERAL DIRECTORS REGISTER.

Total Number to date, 73Funeral No. this year, 12

Date of Death, Aug 5 1888 Color W Age 70 Years. 0 Months. 0 Days.

Name of Deceased, Daniel C Young

Place of death, Home Street, Ward No.

Residence, " Sex, Single, Married, M.

Occupation, Farmer Wife of _____

Birth-place, Conn Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

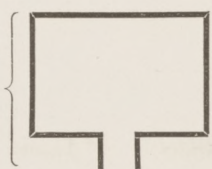
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Santer Rosa Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by, _____

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid paid

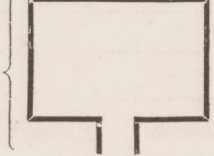
Amount of Bill, 110 00

Time of Services, _____ A. M., _____ P. M., Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 74Funeral No. this year, 13

Date of Death, Aug 11 1883 Color † Age 7 { ✓ Years.
 Name of Deceased, J. H. 3. Lenton { _____ Months.
 Place of death, _____ Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farmer Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Apoplexy Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, Hill Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, Phenol Preserver and Ice, _____
 Hearse and 2 Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 57 00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 75Funeral No. this year, 14

Date of Death, Aug 25 1888 Color † Age 45 Years. 1 Months. 14 Days.

Name of Deceased, Mrs A Pettit

Place of death, San Francisco Bay Street. Ward No. _____

Residence, San Francisco Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Drowned Duration, _____

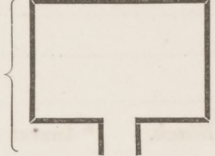
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>19</u>	Style, _____	Made by, _____	<u>50</u>	<u>00</u>
Length of Casket, _____	Feet, _____	Inches, _____	Width of Casket, _____	Inches, <u>5</u>
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____				<u>00</u>
Robe, Shroud, or Dress No. _____	Color, _____	Made by, _____		
Lining No. _____	Color, _____	Handles No. _____	Plate No. _____	
Time of Dressing, _____	Crape on door, _____			
Washing and laying out, _____	Shaving, _____			
Embalming, _____	Preserver and Ice, _____			
Hearse and _____	Carriages, _____		<u>10</u>	<u>00</u>
Carriage to call for _____	Time, _____			
Carriage to call for _____	Time, _____			
Carriage to call for _____	Time, _____			
Flowers, _____				
Use of _____	Folding Chairs, _____	Pair of Gloves, _____		
Personal attendance, _____	Porters or Help, _____			
Delivering Box to Cemetery, _____	Use of Pedestals or Pall, _____		<u>50</u>	
Badges for Bearers, _____	Use of Candlesticks, _____			
Inserting death Notices in Papers, _____				
Bill to be charged to <u>One Wilson</u>				
Date Bill was presented _____	Date Bill was paid <u>Paid</u>			
<u>Expenses of Burial body to funeral</u>			<u>48</u>	<u>50</u>
Amount of Bill, _____			<u>114</u>	<u>00</u>
Time of Services, _____	A. M., _____	P. M., _____	Forward from last page, _____	
Amount forward to next page, _____				

FUNERAL DIRECTORS REGISTER.

Total Number to date, 76Funeral No. this year, 15

Date of Death, Aug 26 1883 Color h Age 73 Years. 15 Months. Days.

Name of Deceased, Edith M. M. Linn

Place of death, Funeral Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Widow Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Paralysis Duration,

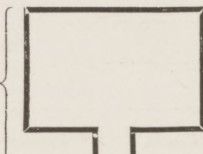

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. W. C. Taggart

Place of burial, Parsonage Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. Edith Linn

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 130.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 77Funeral No. this year, 16

Date of Death, Sept-15 1883 Color † Age 40-50 Years. 16 Months. 16 Days.

Name of Deceased, Owen Byrne

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Sailor Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Chronic Alcoholism Duration, _____

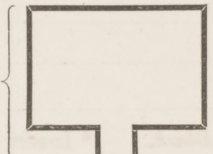
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Schmidt

Place of burial, Palmer Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Sumner Co. 25-53

Amount of Bill, 75.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 78Funeral No. this year, 17

Date of Death, Sept-30 1883 Color B Age { 2 Years.
2 Months.
 Days.

Name of Deceased, Inf for Allen Baymont

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Allen Baymont His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Acute Infection Duration, _____

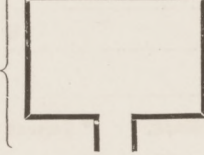
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. M. C. Saggart

Place of burial, Will Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 2 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 20 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 79Funeral No. this year, 18

Date of Death, Oct 14 1888 Color † Age 4 { Years.
Months.
Days.

Name of Deceased, Inf Child of Ford

Place of death, _____ Street. **Ward No.** _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

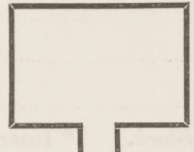

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Comm Style, _____ Made by _____

Length of Casket, 2 Feet, 6 Inches. ✓ Box. Width of Casket, _____ Inches. 12 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

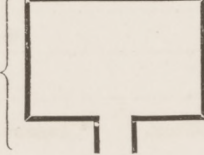

Amount of Bill, 12 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 80Funeral No. this year, 20

Date of Death, Mar 2 1883 Color 1 Age 48 { Years.
 Name of Deceased, Wm. Hayes Months.
 Place of death, San Francisco Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farmer Wife of _____
 Birth-place, Scotland Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Dropsy Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Lawrence
 Place of burial, Hill Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 70 00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 87Funeral No. this year, 20

Date of Death, Nov 18 18 83 Color Chin Age { 1 Years.
1 Months.
1 Days.

Name of Deceased, Chinnema

Place of death, Home Street, Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, " Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, " Duration, "

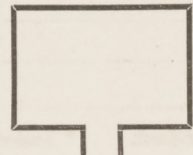

Cause of death, } Secondary, " Duration, "

Certifying Physician, "

Place of burial, " Cemetery, "

Date of burial, " Section No. " Lot No. "

Funeral held at House, or " Church, "

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Chin Style, " Made by "

Length of Casket, " Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 20 00

Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 82Funeral No. this year, 22

Date of Death, Dec 11 1883 Color † Age 5 { Years. Months. Days.

Name of Deceased, Victor G. Robin

Place of death, Home Street. Ward No.

Residence, Home Sex, Male Single, Yes Married, No

Occupation, None Wife of

Birth-place, None Widow of

Name of Father, None His Birth-place, *

Name of Mother, None Her Birth-place, *

Cause of death, } Primary, None Duration, None

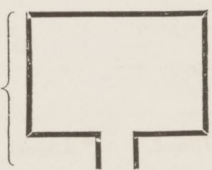
Cause of death, } Secondary, None Duration, None

Certifying Physician, None

Place of burial, None Cemetery, None

Date of burial, None Section No. None Lot No. None

Funeral held at House, or None Church. None

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : ‡.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 16 Style, None Made by None

Length of Casket, 2 Feet, 6 Inches. Width of Casket, None Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, None

Robe, Shroud, or Dress No. None Color, None Made by None

Lining No. None Color, None Handles No. None Plate No. None

Time of Dressing, None Crape on door, None

Washing and laying out, None Shaving, None

Embalming, None Preserver and Ice, None

Hearse and None Carriages None

Carriage to call for None Time, None

Carriage to call for None Time, None

Carriage to call for None Time, None

Flowers, None

Use of None Folding Chairs, None Pair of Gloves, None

Personal attendance, None Porters or Help, None

Delivering Box to Cemetery, None Use of Pedestals or Pall, None

Badges for Bearers, None Use of Candlesticks, None

Inserting death Notices in Papers, None

Bill to be charged to None

Date Bill was presented None Date Bill was paid None

Amount of Bill, 16 00

Time of Services, None A. M., None P. M., None Forward from last page, None

Amount forward to next page, None

FUNERAL DIRECTORS REGISTER.

Total Number to date, 83Funeral No. this year, 1

Date of Death, Jan 1st 1884 Color White Age { Years.
 Months.
 Days.

Name of Deceased, William Dohman

Place of death, Jonoma Street. Ward No.

Residence, Jonoma Sex, Single, Married,

Occupation, Cook Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

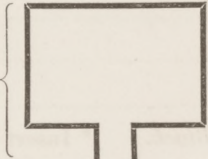
Cause of death, } Secondary, Duration,


Certifying Physician,

Place of burial, Jonoma Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by Geo. W. Dohman 20 00

Length of Casket, 6 Feet, Inches. Width of Casket, Inches. 2 50

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid By Subscription

 Amount of Bill, 22 50

Time of Services, A. M., P. M., Forward from last page,

 Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 84 Funeral No. this year, 1

Date of Death, Jan 18 1894 Color † White Age { 37 Years. 2 Months. 2 Days.

Name of Deceased, William Webster

Place of death, ... Street, ... Ward No. ...

Residence, ... Sex, Male Single, Yes Married, ...

Occupation, Laborer Wife of ...

Birth-place, ... Widow of ...

Name of Father, ... His Birth-place, * ...

Name of Mother, ... Her Birth-place, * ...

Cause of death, { Primary, Gun Shot Wound Duration, ...

Cause of death, { Secondary, ... Duration, ...

Certifying Physician, Dr. W. C. Luggatt & Lawrence

Place of burial, ... Cemetery, Hill

Date of burial, Jan 19 1894 Section No. ... Lot No. ...

Funeral held at House, or House Church.

Diagram of Burial Lot. { [Diagram] Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: [Box]

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, ... Made by P. Mfg Co

Length of Casket, 6 Feet, 3 Inches Width of Casket, ... Inches 15 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, ...

Robe, Shroud, or Dress No. ... Color, ... Made by ...

Lining No. ... Color, ... Handles No. ... Plate No. ...

Time of Dressing, ... Crape on door, ...

Washing and laying out, ... Shaving, ...

Embalming, ... Preserver and Ice, ...

Hearse and Carriages 10 00

Carriage to call for ... Time, ...

Carriage to call for ... Time, ...

Carriage to call for ... Time, ...

Flowers, ...

Use of Folding Chairs, ... Pair of Gloves, ...

Personal attendance, ... Porters or Help, ...

Delivering Box to Cemetery, ... Use of Pedestals or Pall, ...

Badges for Bearers, ... Use of Candlesticks, ...

Inserting death Notices in Papers, ...

Bill to be charged to, ... \$ 15.00 Balance Subscription

Date Bill was presented, ... Date Bill was paid, Paid

Amount of Bill, 25 00

Time of Services, ... A. M., ... P. M., ... Forward from last page, ...

Amount forward to next page, ...

FUNERAL DIRECTORS REGISTER.

Total Number to date, 85Funeral No. this year, 3

Date of Death, Jan 28th 1884 Color White Age { 70 Years.
6 Months.
25 Days.

Name of Deceased, Bethine R. Weston

Place of death, Home Street, _____ Ward No. _____

Residence, Home Sex, Female Single, _____ Married, Yes

Occupation, _____ Wife of C. C. Weston

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

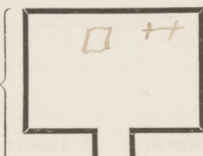

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Mc Laggart

Place of burial, Home Cemetery, Hill

Date of burial, Jan 30th Section No. _____ Lot No. _____

Funeral held at House, or Home Church, _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Claret Style, 5 Dark Made by St. Louis Mfg Co.

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches. 25 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Red wood 1 1/4 in. thick 6 50

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. Silk Color, _____ Handles No. 18.00 Plate No. 5.00 20 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and 2 Carriages 12.00 22 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, 1.50 House Use of Pedestals or Pall, _____ 1 50

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____ 3 00

Bill to be charged to Opening House 10 00

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 188 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 86 Funeral No. this year, 4

Date of Death, Jan 30 1884 Color † White Age { 24 Years. Months. Days.

Name of Deceased, Amelia H. Robin

Place of death, former Street. Ward No.

Residence, former Sex, Female Single, Yes Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Victor E. Robin His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Heart Disease Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Lawrence,

Place of burial, former Cemetery, Hill

Date of burial, Feb 19 Section No. Lot No.

Funeral held at House, or Church Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, Made by Pac Mfg Co.

Length of Casket, 6 Feet, 7 Inches. Width of Casket, 47 00 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 5 00

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Fluid Preserver and Ice, 1 50

Hearse and 10 3 Carriages 10 00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, 50 cts Use of Pedestals or Pall, 50

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Victor E. Robin

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 64 00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 87Funeral No. this year, 5

Date of Death, Feb 11 1894 Color White Age 52 Years. 52 Months. 52 Days.

Name of Deceased, Angelo Manfredini

Place of death, Prussia Street. Ward No. 1

Residence, " Sex, M Single, Yes Married, No

Occupation, " Wife of P. Manfredini

Birth-place, Italy Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Pneumonia Duration, "

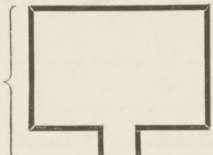
Cause of death, } Secondary, " Duration, "

Certifying Physician, Dr. Lawrence

Place of burial, Prussia Cemetery, Hill


Date of burial, " Section No. " Lot No. "

Funeral held at House, or " Church. "

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, " Made by McCoy & Co.

Length of Casket, 6 Feet, 3 Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, Fluid Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, 6 Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Feb 14 3-

Amount of Bill, 49.00

Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 28 Funeral No. this year, 6

Date of Death, March 10th 1894 Color White Age 57 Years. 1 Months. 0 Days.

Name of Deceased, Harry James Wendale

Place of death, St. Louis Embrocades Street, Ward No.

Residence, " Sex, M. Single, Yes Married, No

Occupation, Captain Wife of "

Birth-place, Virginia Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Paralysis Duration, "


Cause of death, } Secondary, " Duration, "

Certifying Physician, "

Place of burial, Graves Cemetery, Hill

Date of burial, March 10th Section No. " Lot No. "

Funeral held at House, or Old Yellow Hall Church. "

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, " Made by, P. Mfg Co

Length of Casket, 5 Feet, 6 Inches. Width of Casket, 60 Inches. 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 3 50

Robe, Shroud, or Dress No. " Color, " Made by, "

Lining No. " Color, " Handles No. 5 Plate No. 00

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages 10 00

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to Graves Lodge # 28 I.O.O.F.

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 78 50

Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 89 Funeral No. this year, 7

Date of Death, April 1st 1884 Color † L Age { 40 Years. 2 Months. 2 Days.

Name of Deceased, David Cook

Place of death, Lawrence Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Virginia Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, { Primary, Old Age Duration,

Cause of death, { Secondary, Duration,

Certifying Physician, Dr. Hayward

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, Made by P. Mfg. Co. 6.00

Length of Casket, 6 Feet, Inches. Width of Casket, 20.00 40.00

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by 7.00

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice, 1.00

Hearse and Carriages + 2 Hearse 50.00

Carriage to call for Time, 2.50

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, 5.00

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 61.00

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 21

Funeral No. this year, 8

Date of Death, April 3d 1894 Color W Age 8 { Years.
Months.
Days.

Name of Deceased, Child Douglas Church

Place of death, Lawrence Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Douglas Church His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, { Primary, Edw. cy. Duration, _____


Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, Apr 4 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Schmiedt

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches. 20 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 10 00

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid April 9th

Amount of Bill, 20 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 91 Funeral No. this year, 9

Date of Death, April 14 1894 Color † Br Age { 30 Years. Months. Days.

Name of Deceased, Mary Fowler

Place of death, St. Louis Street, Ward No.

Residence, Sex, F. S. Single, Married,

Occupation, Wife of

Birth-place, St. Louis Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption of Bowels Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. L. L. L.

Place of burial, Hill Cemetery,

Date of burial, Apr 15 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 41 Style, Made by Pac Mfg Co

Length of Casket, 5 Feet, 3 Inches. Width of Casket, 25 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 3 50

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages, 10 00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid \$35.55

Amount of Bill, 38 50

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 93 Funeral No. this year, 10

Date of Death, April 29 18 78 Color 1/2 Age { 62 Years.
Months.
Days.

Name of Deceased, William B Bright

Place of death, Home Street. Ward No.

Residence, Home Sex, Single Married, Married

Occupation, Farmer Wife of Widow of

Birth-place, Missouri

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *


Cause of death, { Primary, Consumption Duration, 1 year
 Cause of death, { Secondary, Wife of Duration, 1 year

Certifying Physician, Dr. Mc. Suggart

Place of burial, Will Cemetery, May 3rd

Date of burial, May 3rd Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, Pine Made by Pac Mfg Co

Length of Casket, 6 Feet, 0 Inches. Width of Casket, 51 Inches. 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 4 00

Robe, Shroud, or Dress No. 2 Color, White Made by 2 50

Lining No. 2 Color, White Handles No. 2 Plate No. 50

Time of Dressing, 10 Crape on door, 00

Washing and laying out, 10 Shaving, 00

Embalming, 10 Preserver and Ice, 00

Hearse and 10 Carriages, 00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, 50

Use of Folding Chairs, Pair of Gloves, 50

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers, 50

Bill to be charged to R. L. Pratt

Date Bill was presented, Date Bill was paid Paid

Amount of Bill, 68 00

Time of Services, A. M., P. M., Forward from last page,

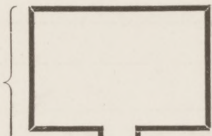
Amount forward to next page, 68 00

FUNERAL DIRECTORS REGISTER.

Total Number to date, 93

Funeral No. this year,

Date of Death, May 11th 1874 Color † Tr Age { 60 Years.
Name of Deceased, M. J. Saunders Months.
Place of death, Fremont Street Ward No.
Residence, Sex, Single, Married,
Occupation, Laborer Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Apoplexy Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr. Wm. Taggart
Place of burial, Cemetery,
Date of burial, Hill Section No. Lot No.
Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus : □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No.	Style,	Made by	60	00
Length of Casket, 6 Feet,	Inches.	Width of Casket,	4	50
Box, Pine, Chestnut, Oak, Cedar or Mahogany,				
Robe, Shroud, or Dress No.	Color,	Made by		
Lining No.	Color,	Handles No.		
		Plate No.		
Time of Dressing,		Crape on door,		
Washing and laying out,		Shaving,		
Embalming,		Preserver and Ice,		
Hearse and 2 Mins Carriages			13	00
..... Carriage to call for		Time,		
..... Carriage to call for		Time,		
..... Carriage to call for		Time,		
Flowers,				
Use of Folding Chairs,		Pair of Gloves,		
Personal attendance,		Porters or Help,		
Delivering Box to Cemetery,		Use of Pedestals or Pall,		50
Badges for Bearers,		Use of Candlesticks,		
Inserting death Notices in Papers,				
Bill to be charged to I. D. O. F.				
Date Bill was presented		Date Bill was paid Paid		
.....				
.....				
.....		Amount of Bill,	78	00
Time of Services, A. M.,		P. M.,		
		Forward from last page,		
		Amount forward to next page,		

FUNERAL DIRECTORS REGISTER.

Total Number to date, 94Funeral No. this year, 12

Date of Death, June 19 1894 Color † _____ Age { 6 Years.
8 Months.
 Days.

Name of Deceased, Anthony Prochett

Place of death, San Francisco Street _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, San Francisco Widow of _____

Name of Father, Julius Prochett His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Killed by Cars Duration, _____


Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, Dr. Davis

Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by P. Mfg Co

Length of Casket, 4 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Julius Prochett

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 54 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 25Funeral No. this year, 13

Date of Death, July 14 1884 Color Tr Age 39 { Years.
Months.
Days.

Name of Deceased, John Brauman

Place of death, Prussia Street. Ward No. _____

Residence, _____ Sex, ✓ Single, ✓ Married, _____

Occupation, Block Maker Wife of _____

Birth-place, Boston Mass Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Killed Duration, _____

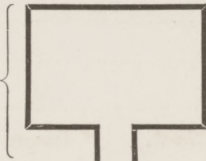
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by Pac Mfg Co

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches. 22 50

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 22 50

Time of Services, _____ A. M., _____ P. M., Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 46Funeral No. this year, 14

Date of Death, July 21 1884 Color † Age { 1 Years.
1 Months.
1 Days.

Name of Deceased, Mr. Geo. Allen Bryant

Place of death, Home Street, Ward No.

Residence, Home Sex, Single Married, Married

Occupation, Home Wife of Home

Birth-place, Home Widow of Home

Name of Father, Allen Bryant His Birth-place, *

Name of Mother, Home Her Birth-place, *

Cause of death, { Primary, Child's death Duration, Home

Cause of death, { Secondary, Home Duration, Home

Certifying Physician, Dr. Geo. Sargent

Place of burial, Home Cemetery, Home

Date of burial, Home Section No. Home Lot No. Home

Funeral held at House, or Home Church, Home

Diagram of { Home } Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡.
 Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Home Made by Home

Length of Casket, 2 Feet, Home Inches. Width of Casket, Home Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Home

Robe, Shroud, or Dress No. Home Color, Home Made by Home

Lining No. Home Color, Home Handles No. Home Plate No. Home

Time of Dressing, Home Crape on door, Home

Washing and laying out, Home Shaving, Home

Embalming, Home Preserver and Ice, Home

Hearse and Home Carriages Home

Carriage to call for Home Time, Home

Carriage to call for Home Time, Home

Carriage to call for Home Time, Home

Flowers, Home

Use of Home Folding Chairs, Home Pair of Gloves, Home

Personal attendance, Home Porters or Help, Home

Delivering Box to Cemetery, Home Use of Pedestals or Pall, Home

Badges for Bearers, Home Use of Candlesticks, Home

Inserting death Notices in Papers, Home

Bill to be charged to Home

Date Bill was presented Home Date Bill was paid Home

Amount of Bill, 5.00

Time of Services, Home A. M., Home P. M., Home Forward from last page, Home

Amount forward to next page, Home

FUNERAL DIRECTORS REGISTER.

Total Number to date, 97Funeral No. this year, 15

Date of Death, Aug 12 1884 Color † Age 1 Years. 14 Months. 14 Days.

Name of Deceased, Rev. Dr. Hoesley

Place of death, St. Louis Street, Ward No.

Residence, St. Louis Sex, Male Single, Married

Occupation, Minister Wife of Rev. Dr. Hoesley

Birth-place, St. Louis Widow of Rev. Dr. Hoesley

Name of Father, Rev. Dr. Hoesley His Birth-place, *

Name of Mother, Rev. Dr. Hoesley Her Birth-place, *

Cause of death, } Primary, Death Duration, 1

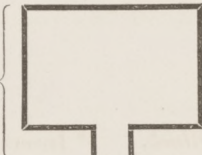
Cause of death, } Secondary, Death Duration, 1

Certifying Physician, Dr. McTaggart

Place of burial, St. Louis Cemetery, St. Louis


Date of burial, Aug 12 Section No. 1 Lot No. 1

Funeral held at House, or Church

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Plain Made by P. H. Co.

Length of Casket, 2 Feet, 14 Inches. Width of Casket, 8 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Pine

Robe, Shroud, or Dress No. 1 Color, White Made by P. H. Co.

Lining No. 1 Color, White Handles No. 1 Plate No. 1

Time of Dressing, 10 Crape on door, 1

Washing and laying out, 1 Shaving, 1

Embalming, 1 Preserver and Ice, 1

Hearse and 1 Carriages 1

Carriage to call for 1 Time, 10

Carriage to call for 1 Time, 10

Carriage to call for 1 Time, 10

Flowers, 1

Use of 1 Folding Chairs, 1 Pair of Gloves, 1

Personal attendance, 1 Porters or Help, 1

Delivering Box to Cemetery, 1 Use of Pedestals or Pall, 1

Badges for Bearers, 1 Use of Candlesticks, 1

Inserting death Notices in Papers, 1

Bill to be charged to 1

Date Bill was presented Aug 12 Date Bill was paid Aug 12

Amount of Bill, 8.00

Time of Services, 10 A. M., 10 P. M., Forward from last page, 10

Amount forward to next page, 10

FUNERAL DIRECTORS REGISTER.

Total Number to date, 98Funeral No. this year, 16

Date of Death, Aug 28th 1884 Color † Age 61 Years. 1 Months. 1 Days.

Name of Deceased, Ebenezer Eaton Morse

Place of death, London Street. Ward No. _____

Residence, _____ Sex, Mr Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Hammer N. H. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Soft degeneration Duration, and valvular lesions of the heart.

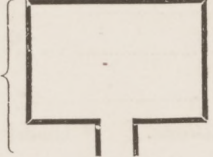

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr M. G. Mc Taggart

Place of burial, San Francisco Cemetery, Masonic

Date of burial, Aug 31 Section No. _____ Lot No. _____

Funeral held at House, or Masonic Temple Church.

Diagram of
Burial Lot. Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 16 Style, "New" Red Oak Made by C. B.

Length of Casket, 6 Feet, 3 Inches. Width of Casket, 20 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by P. H. Co.

Lining No. _____ Color, _____ Handles No. 10 Plate No. Masonic

Time of Dressing, 2 P. M. Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, + Fluids Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid \$12.11 1/2 on acct

Note 100 Cash \$20.00

Amount of Bill,

240 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 99Funeral No. this year, 17

Date of Death, Sept-9 1884 Color † Age 7 { Years.
Months.
Days.

Name of Deceased, Infant of Burns

Place of death, San Antonio Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Burns His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

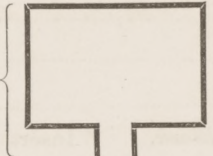
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, Sept-9 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Phylo Made by _____

Length of Casket, 1 Feet, 9 Inches. Width of Casket, _____ Inches. 10 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Sept 9

Amount of Bill, 10 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 100Funeral No. this year, 18

Date of Death, Oct. 15 1884 Color W. Age { 36 Years.
Months.
Days.

Name of Deceased, Antonie Minni

Place of death, Germany Street, _____ Ward No. _____

Residence, _____ Sex, M. Single, _____ Married, ?

Occupation, _____ Wife of _____

Birth-place, Lucerne Switzerland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pleurisy Duration, _____

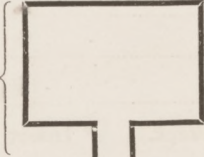
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, Valley Cemetery, _____

Date of burial, Oct. 17 Section No. _____ Lot No. _____

Funeral held at House, or Hotel Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, "China" Made by Wm. G. Co.

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to \$15 to County \$50 to Poffe

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 20.00

Time of Services, Evening A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 100Funeral No. this year, 19

Date of Death, Nov 3 1884 Color W Age 66 Years. 5 Months. 1 Days.

Name of Deceased, Joseph R Williams

Place of death, Ellen Ellen Street. Ward No. _____

Residence, _____ Sex, M Single, _____ Married, _____

Occupation, Vinyardist Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Diarrhoea Liver Duration, Two years

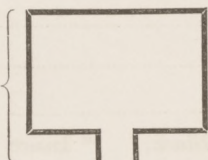
Cause of death, } Secondary, Spleen & Heart Duration, _____

Certifying Physician, Dr Lawrence

Place of burial, Lawrence Cemetery, Hill

Date of burial, Nov 5 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 30 Style, _____ Made by P. M. Co.

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches. 85 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 5 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Masonic 5 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, Fluid Preserver and Ice, Abdominal Injection 15 00

Hearse and _____ Carriages _____ 10 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____ 1 00

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Mrs J R Williams

Date Bill was presented _____ Date Bill was paid _____

_____ Opening Graves 10 00

_____ Amount of Bill, 121 00

Time of Services, 8 A. M., 13 P. M., Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 102Funeral No. this year, 20

Date of Death, 18 Color † Age { Years.
 Months.
 Days.

Name of Deceased, Infant child Elsie Hill

Place of death, former Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, former Widow of

Name of Father, Eliak Mc Hill His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, S. Hill Burns Duration,

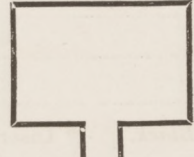
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by P. Mfg. Co.

Length of Casket, 2 Feet, Inches. Width of Casket, Inches. 6 10

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

..... Carriage to call for Time,

..... Carriage to call for Time,

..... Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 6 10

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 103Funeral No. this year, 21

Date of Death, Nov 18th 1884 Color White Age { 6 Years.
2 Months.
3 Days.

Name of Deceased, Edna B. Martin

Place of death, Sanoma Street, Ward No.

Residence, " Sex, Female Single, Married

Occupation, " Wife of "

Birth-place, Sanoma, Cal. Widow of "

Name of Father, E. B. Martin His Birth-place, "

Name of Mother, Mrs. F. M. Martin Her Birth-place, "

Cause of death, } Primary, Influenza Duration, One Week

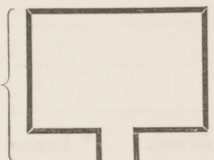

Cause of death, } Secondary, Complicated with Heart Duration, Brain Trouble

Certifying Physician, Dr. M. F. M. Suggart

Place of burial, Healdsburg Cemetery, "

Date of burial, Nov 20th Section No. " Lot No. "

Funeral held at House, or Mrs. Dr. Stewart - Sanoma, Cal. Church, "

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. " Style, " Made by James Giles & Co.

Length of Casket, " Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and Carriages to Sanoma, Cal. - Expenses paid

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to Mrs. Martin

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 45.00

Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

Funeral No. this year, 22

† State whether *White* or *Black*. * Insert *Town* and *State*.

Date Bill was presented.....*1*.....Date Bill was paid.....

..... Amount of Bill

Time of Services,..... A. M.,..... P. M.,..... Forward from last page,

Amount forward to next page,

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Put in the Diagram one mark like this I for every Grave in it. And mark *this* Burial with double dagger thus : ‡.

Designate site of Monument thus:

Amount of Bill,	156	00
-----------------	-----	----

Amount forward to next page.

FUNERAL DIRECTORS REGISTER.

Total Number to date, 115

Funeral No. this year, 23

Date of Death, Dec 5 1894 Color † Br Age { 50 Years.
Name of Deceased, Remington F. Pickett { Months.
Place of death, Providence Street. Ward No. Days.
Residence, " Sex, Single, Married,
Occupation, Farmer & Vineyardist Wife of
Birth-place, Muskeget, Ill. Widow of
Name of Father, H. G. Pickett His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, King of Lunga Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr. Davis
Place of burial, Cemetery, Hill
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Pmfgs
Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to H. G. Pickett Paid
Date Bill was presented Date Bill was paid
Amount of Bill, 35 70
Time of Services, A. M., P. M., Forward from last page, 2 30

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 156Funeral No. this year, 24

Date of Death, Dec 9 1884 Color W Age { 28 Years.
2 Months.
23 Days.

Name of Deceased, R. W. Mc Donald

Place of death, Pelatumen Road Street. Ward No.

Residence, Lawrence Sex, Single, Married,

Occupation, Saloon Keeper Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Killed Duration,

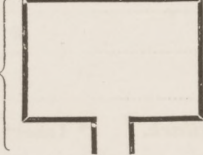
Cause of death, } Secondary, Duration,

Certifying Physician, Cramer

Place of burial, Catholic Cemetery,

Date of burial, Dec 11 Section No. Lot No.

Funeral held at House, or Catholic Church.

Diagram of Burial Lot. 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, Phyph's Made by

Length of Casket, 6 Feet, 1 Inches. Width of Casket, 10 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Satin Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Mrs. Mc Donald

Date Bill was presented Date Bill was paid

Amount of Bill,

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 107Funeral No. this year, 1

Date of Death, Jan 29 1885 Color † Age 54 Years. — Months. — Days.

Name of Deceased, Christopher Heddtich

Place of death, Rufus's Lane Street. Ward No. —

Residence, " Sex, S Single, — Married, —

Occupation, Labourer Wife of —

Birth-place, Germany Widow of —

Name of Father, — His Birth-place, * —

Name of Mother, — Her Birth-place, * —

Cause of death, } Primary, Bronchial Asthma Duration, —

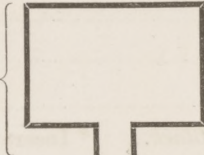
Cause of death, } Secondary, — Duration, —

Certifying Physician, Dr. Raymond

Place of burial, Funeral Home Cemetery, Hill


Date of burial, Jan 31 Section No. — Lot No. —

Funeral held at House, or — Church. —

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: 

ITEMS OF BILL (Cross out items not furnished.)

Casket or Coffin No. 1 Style, W. J. Co. Made by —

Length of Casket, — Feet, — Inches. Width of Casket, — Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, —

Robe, Shroud, or Dress No. — Color, — Made by —

Lining No. — Color, — Handles No. — Plate No. —

Time of Dressing, — Crape on door, —

Washing and laying out, — Shaving, —

Embalming, — Preserver and Ice, —

Hearse and — Carriages —

Carriage to call for — Time, —

Carriage to call for — Time, —

Carriage to call for — Time, —

Flowers, —

Use of — Folding Chairs, — Pair of Gloves, —

Personal attendance, — Porters or Help, —

Delivering Box to Cemetery, — Use of Pedestals or Pall, —

Badges for Bearers, — Use of Candlesticks, —

Inserting death Notices in Papers, —

Bill to be charged to —

Date Bill was presented — Date Bill was paid —

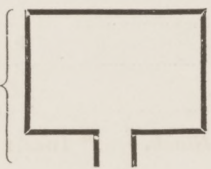

Amount of Bill, —

Time of Services, — A. M., — P. M., — Forward from last page, —

Amount forward to next page, —

FUNERAL DIRECTORS REGISTER.

Total Number to date, 108Funeral No. this year, 2

Date of Death, Feb 19 1885 Color † Age 1 Years. 3 Months. 25 Days.
 Name of Deceased, Dora Stofen
 Place of death, San Francisco Street. Ward No.
 Residence, San Francisco Sex, Female Single, Married
 Occupation, Wife of
 Birth-place, San Francisco Widow of
 Name of Father, Peter W. Stofen His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Hydrocephalus Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Trunkle
 Place of burial, San Francisco Cemetery, Heil
 Date of burial, Feb 22 Section No. Lot No.
 Funeral held at House, or Church,
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, * Cartage & remodeling box
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to P. W. Stofen
 Date Bill was presented Date Bill was paid

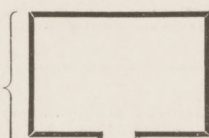

Amount of Bill, 13.00
 Time of Services, A. M., P. M., Forward from last page, 40

Amount forward to next page, 55

FUNERAL DIRECTORS REGISTER.

Total Number to date, 103

Funeral No. this year, 3

Date of Death, *April 18* 18*85* Color *W.* Age *68* Years.
 Name of Deceased, *Gordon A. Cook* Months.
 Place of death, *Foruma* Street. Days.
 Residence, " Sex, Single, *M.* Married, *Ward No.*
 Occupation, *Doctor* Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, *General Debility* Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, *Dr Lawrence*
 Place of burial, *Healdsburg* Cemetery,
 Date of burial, *April 20* Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 Designate site of Monument thus: 
 † State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

[illegible]

FUNERAL DIRECTORS REGISTER.

Total Number to date, 140Funeral No. this year, 4

Date of Death, April 27 1885 Color † Age 58 Years. 2 Months. 1 Days.

Name of Deceased, Mrs Agnes Bowdall

Place of death, near former Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____



Cause of death, } Secondary, Dropsy Duration, _____

Certifying Physician, Dr Lawrence

Place of burial, Catholic Cemetery, _____

Date of burial, April 29 Section No. _____ Lot No. _____

Funeral held at House, or ✓ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 18 Style, _____ Made by P. M. G. Co.

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, + 4 fluids † Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid May 5 1885

65 00 -
5 00

20 00
10 00

50

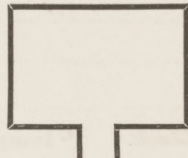

Amount of Bill, 100 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 140

Amount forward to next page, 240

FUNERAL DIRECTORS REGISTER.

Total Number to date, 111Funeral No. this year, 3

Date of Death, May 7th 1885 Color † Age { Years.
 Months.
 Days.
Name of Deceased, J. H. Gaffney
Place of death, Street. Ward No.
Residence, Sex, Single, Married,
Occupation, Minister Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, Cemetery,
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL (Cross out items not furnished.)

Casket or Coffin No. 23 Style, M. J. Co. Made by
Length of Casket, Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages,
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid

Time of Services, A. M., P. M., Amount of Bill,
 Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 112Funeral No. this year, 6

Date of Death, May 17 1885 Color h Age 2 { Years. Months. Days.

Name of Deceased, Edith of J. Gibson

Place of death, Blum Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, J. Gibson His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Still Born Duration, _____

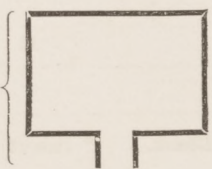
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Catholic Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, P. Mfg. Co. Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, _____

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 29.50

Amount forward to next page, 30.40

FUNERAL DIRECTORS REGISTER.

Total Number to date, 113 Funeral No. this year, 7

Date of Death, Nov 18 1885 Color † h Age { 25 Years. 1 Months. 1 Days.

Name of Deceased, Catherine Francis Gibson

Place of death, Glen Ellen Street. Ward No.

Residence, " Sex, Single Married,

Occupation, Wife of

Birth-place, New York Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Child birth Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. L...

Place of burial, Catholic Cemetery,

Date of burial, May 19 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, Octagon Made by McPhillips 60 00

Length of Casket, 6 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 5 00

Robe, Shroud, or Dress No. Color, Made by 12 50

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Fluid Preserver and Ice, 2 50

Hearse and Carriages, 10 00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, 1 00

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Cash 30.00 Coffin Rtd 2.00 40.00 Paid Jan. 13/86

Amount of Bill, 91 00

Time of Services, A. M., P. M., Forward from last page, 40 00

Amount forward to next page, 304 35 00

FUNERAL DIRECTORS REGISTER.

Total Number to date, 114

Funeral No. this year, 8

Date of Death, May 21 1885 Color † 1/2 Age { 51 Years.
40 Months.
25 Days.

Name of Deceased, James Martin

Place of death, London Street. **Ward No.**

Residence, Sex, Single, Married,

Occupation, Blacksmith Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death,) Primary,.....Duration,.....


Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Lawrence

Place of burial, Monna Cemetery, Hill

Date of burial *May 22* Section No. _____ Lot No. _____

Funeral held at House of _____ Church _____

Diagram of }
Burial Lot. } 

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, new Made by P. Mfg Co 75 10

Length of Casket,.....Feet,.....Inches. Width of Casket,.....Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,.....

Robe, Shroud, or Dress No. Color, Made by

Lining No. *Salmon Full* Color, *Cream* Handles No. *Gold Top* Plate No. *6, 10* *26* *100*

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming,..... Preserver and Ice,.....

Hearse and	2 Wines	Carriages	1	182.50	2 Wines	103	12	57
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..... Carriage to call for..... Time,

..... Carriage to call for Time,

..... Carriage to call for..... Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Mrs. Tharion

Date Bill was presented..... Date Bill was paid..... Paid June 9th 1887

Amount of Bill, 119 10

Time of Services,..... A. M.,..... P. M.,..... Forward from last page, 355

Amount forward to next page,	474	
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FUNERAL DIRECTORS REGISTER.

Total Number to date, 115

Funeral No. this year, 9

Date of Death, May 28 18 85 Color † Age 62 Years. 5 Months. 2 Days.

Name of Deceased, Thomas Nam

Place of death, May Glen Ellen Street. Ward No. _____

Residence, Glen Ellen Sex, _____ Single, M Married, _____

Occupation, Farmer Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

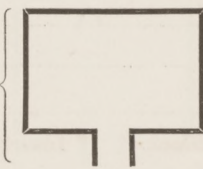

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Bryce Santa Rosa

Place of burial, _____ Cemetery, Hill

Date of burial, May 29 Section No. _____ Lot No. _____

Funeral held at House, or Church _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Rim Made by P. Mfg. Co.

Length of Casket, 6 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid May 29/85

Amount of Bill, 95.00

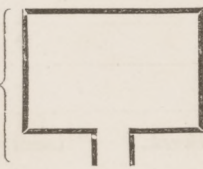

Time of Services, _____ A. M., _____ P. M., Forward from last page, 4.74

Amount forward to next page, 569

FUNERAL DIRECTORS REGISTER.

Total Number to date, 116Funeral No. this year, 10

Date of Death, June 30 1885 Color W Age 69 Years.
 Name of Deceased, Nicholas Cariger Months.
 Place of death, from home Street. Ward No.
 Residence, Sex, Single, Married,
 Occupation, Farmer Wife of
 Birth-place, Illinois Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Injuries Duration,
 Cause of death, } Secondary, Chil. Debility Duration,
 Certifying Physician, Dr. Davis
 Place of burial, from home Cemetery, Hill
 Date of burial, July 2d Section No. Lot No.
 Funeral held at House, or Church.

Diagram of
Burial Lot. Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Giles
 Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Cashmere 103 Color, Handles No. 6 Plate No. 5-13
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Dec 14th 85

Amount of Bill, 126 50
 Time of Services, A. M., P. M., Forward from last page, 569

Amount forward to next page, 69 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 117Funeral No. this year, 11

Date of Death, July 5 1885 Color W Age 79 Years. Months. Days.

Name of Deceased, Charles Justi Born Sept 1st 1806

Place of death, Glen Ellen Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, { Diabetes Primary, Paralysis Duration,

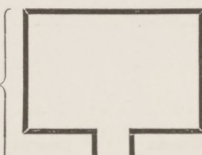
Cause of death, { Secondary, Duration,

Certifying Physician,

Place of burial, freeman Cemetery,

Date of burial, July 6 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, New Made by P. Mfg Co

Length of Casket, 6 Feet, — Inches. Width of Casket, — Inches. 75 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, — 5 00

Robe, Shroud, or Dress No. — Color, — Made by — 10 00

Lining No. — Color, — Handles No. — Plate No. —

Time of Dressing, — Crape on door, —

Washing and laying out, — Shaving, —

Embalming, — Preserver and Ice, —

Hearse and — Carriages — 10 00

Carriage to call for — Time, —

Carriage to call for — Time, —

Carriage to call for — Time, —

Flowers, —

Use of — Folding Chairs, — Pair of Gloves, —

Personal attendance, — Porters or Help, —

Delivering Box to Cemetery, — Use of Pedestals or Pall, — 50

Badges for Bearers, — Use of Candlesticks, —

Inserting death Notices in Papers, — 3 00

Bill to be charged to —

Date Bill was presented — Date Bill was paid — 10 00

Amount of Bill, 113 50

Time of Services, — A. M., — P. M., — Forward from last page, 695

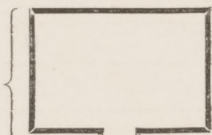
Amount forward to next page, 808

FUNERAL DIRECTORS REGISTER.


Total Number to date, 118

Funeral No. this year, 12

Date of Death, July 4 1885 Color W Age 67 Years.
 Name of Deceased, James J. Collins Months.
 Place of death, former Street. Ward No.
 Residence, Lodi Cal Sex, Single, Married,
 Occupation, Wife of
 Birth-place, New Hampshire Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, inflammation Duration,
 Cause of death, } Secondary, kind debility Duration,
 Certifying Physician, Dr. Davis
 Place of burial, Lodi Cemetery,
 Date of burial, July 5 Section No. Lot No.
 Funeral held at House, or Church.

Diagram of }
 Burial Lot. } 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 26 Style, Made by P. May Co
Length of Casket, 6 Feet, 6 Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Cano Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid
Expenses,

..... Amount of Bill,
Time of Services,..... A. M.,..... P. M.,..... Forward from last page.

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, *119*Funeral No. this year, *13*

Date of Death, *July 13* 18*85* Color *W* Age *56* Years. Months. Days.

Name of Deceased, *John Hardcastle*

Place of death, *Home* Street. Ward No.

Residence, *"* Sex, Single, Married,

Occupation, *Farmer* Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, *Apoplexy* Duration,

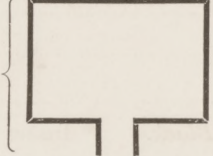
Cause of death, } Secondary, Duration,

Certifying Physician, *Crown*

Place of burial, *Flat* Cemetery,

Date of burial, *July 14* Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. *1 1/2* Style, Made by *J. M. Fyfe & Co.*

Length of Casket, *5* Feet, *10* Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to *Mr. Fyfe*

Date Bill was presented Date Bill was paid *Paid*

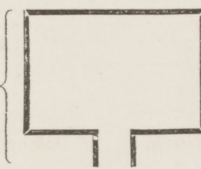
Amount of Bill, *3.00*

Time of Services, A. M., P. M., Forward from last page, *9.64*

Amount forward to next page, *9.94*

FUNERAL DIRECTORS REGISTER.

Total Number to date, 120Funeral No. this year, 14

Date of Death, Aug. 28th 1885 Color † Age { 41 Years.
 Name of Deceased, Antonio Brichetto Months.
 Place of death, from Street. Ward No. Days.
 Residence, Sex, Single, Married, M.
 Occupation, Labourer Wife of
 Birth-place, Italy Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Heart Disease Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Lawrence
 Place of burial, Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by PMF Co
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid

Amount of Bill, 88.00
 Time of Services, A. M., P. M., Forward from last page, 994

Amount forward to next page, 1029

FUNERAL DIRECTORS REGISTER.

Total Number to date, 121Funeral No. this year, 13

Date of Death, Aug 29 5- 18 85 Color † Age { Years.
 Months.
 Days.

Name of Deceased, Chas Child Andrew Goess

Place of death, Johnson Street. Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, " Widow of "

Name of Father, Andrew Goess His Birth-place, * "

Name of Mother, " Her Birth-place, * "

Cause of death, } Primary, Still Born Duration, "

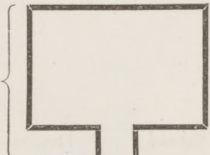
Cause of death, } Secondary, " Duration, "


Certifying Physician, Dr. Brown

Place of burial, Johnson Cemetery, "

Date of burial, Aug 30 5- Section No. " Lot No. "

Funeral held at House, or " Church. "

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, " Made by W. J. Co. 10 00

Length of Casket, " Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Cape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

" Carriage to call for " Time, "

" Carriage to call for " Time, "

" Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid "

Amount of Bill, 10 00

Time of Services, " A. M., " P. M., " Forward from last page, 1029

Amount forward to next page, 1039

FUNERAL DIRECTORS REGISTER.

Total Number to date, 126Funeral No. this year, 16

Date of Death, Sept 19 1885 Color † _____ Age { 13 Years.
5 Months.
5 Days.

Name of Deceased, Albert Kuchler

Place of death, Puffet Ranch Street _____ Ward No. _____

Residence, _____ Sex, S Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Switzerland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

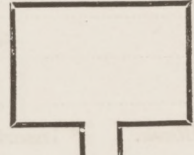
Cause of death, } Secondary, Inf L. Bronch Duration, _____


Certifying Physician, Dr. L. L. Lamm

Place of burial, _____ Cemetery, _____

Date of burial, Sept 20 Section No. _____ Lot No. _____

Funeral held at House, or Ch Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by Pac. J. & Co.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 35.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1039

Amount forward to next page, 1074

FUNERAL DIRECTORS REGISTER.

Total Number to date, 123Funeral No. this year, 17

Date of Death, Oct 9 1885 Color † Age 88 Years. 13 Months. 13 Days.

Name of Deceased, James Kennedy

Place of death, Mar. from Street. Ward No. 13

Residence, " Sex, " Single, " Married, "

Occupation, Farmer Wife of "

Birth-place, Russ Widow of "

Name of Father, " His Birth-place, * "

Name of Mother, " Her Birth-place, * "

Cause of death, } Primary, Apoplexy Duration, "

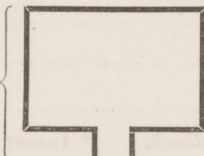
Cause of death, } Secondary, " Duration, "

Certifying Physician, Dr. Mc Taggart

Place of burial, Hill Cemetery, "


Date of burial, Oct 11 Section No. " Lot No. "

Funeral held at House, or " Church, "

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, " Made by P. H. Co.

Length of Casket, 6 Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. 53

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid 40.50

Amount of Bill, 120.40

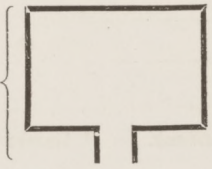

Time of Services, " A. M., " P. M., " Forward from last page, 10.74

Amount forward to next page, 120.40

FUNERAL DIRECTORS REGISTER.

Total Number to date,

Funeral No. this year,

Date of Death, 18..... Color †..... Age { Years.
 Name of Deceased, *Mrs H E & Saml F Bonbridge* Months.
 Place of death, *former* Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, *Removal to San Francisco* Cemetery, *Sept-Oct 12 6*
 Date of burial, *April 1st + 15th 1876* Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, *2 box & all expenses*
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid

Amount of Bill, *28 50*
 Time of Services, A. M., P. M., Forward from last page, *1204*
 Amount forward to next page, *1232*

FUNERAL DIRECTORS REGISTER.

Total Number to date, 124

Funeral No. this year, 18

Date of Death, Oct 24 1885 Color † _____ Age { 15 Years. _____ Months. _____ Days.

Name of Deceased, Thos Castagnasso

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Home Widower of _____

Name of Father, H Castagnasso His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Typhoid Duration, _____

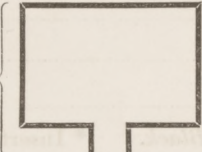

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Larvaine

Place of burial, Catholic Cemetery, _____

Date of burial, Oct 25 Section No. _____ Lot No. _____

Funeral held at House, or Y Church, _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, P.M. Co. Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 2.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1232

Amount forward to next page, 1252

FUNERAL DIRECTORS REGISTER.

Total Number to date, 125Funeral No. this year, 19

Date of Death, Nov 9th 1885 Color Br Age 65 Years. 65 Months. 65 Days.

Name of Deceased, Nancy M. Ruffner

Place of death, former Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Lebanon Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Typhoid Fever Duration, _____

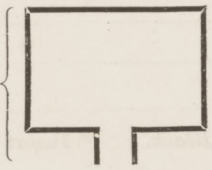

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. W. J. Jaggard

Place of burial, former Cemetery, _____

Date of burial, Nov 10th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Oct. Made by W. C. Buliffe

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 75.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 125.2

Amount forward to next page, 13.27

FUNERAL DIRECTORS REGISTER.

Total Number to date, 126

Funeral No. this year, 20

Date of Death, Nov 27 1885 Color † Age { 79 Years. 5 Months. Days.

Name of Deceased, Robert Basin

Place of death, New London Street. Ward No.

Residence, " Sex, Single, Married, M

Occupation, Farmer Wife of

Birth-place, Scotland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Over exertion Duration, 1 Week

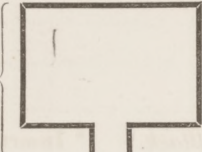
Cause of death, } Secondary, Shunt Duration,

Certifying Physician, No Physician

Place of burial, New London Cemetery, Here


Date of burial, Nov 29 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 1/2 Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Tray Carriages & Services

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Bill Paid

Amount of Bill, 35.00

Time of Services, A. M., P. M., Forward from last page, 1327

Amount forward to next page, 1352

FUNERAL DIRECTORS REGISTER.

Total Number to date, 127Funeral No. this year, 21

Date of Death, Dec 11 1885 Color † _____ Age { 52 Years.
 _____ Months.
 _____ Days.

Name of Deceased, Catharine H. Waters

Place of death, former Street. Ward No. _____

Residence, _____ Sex, _____ Single, M. Married, _____

Occupation, _____ Wife of _____

Birth-place, Virginia Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, apoplexy Duration, _____

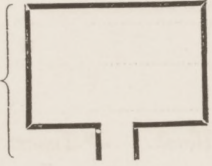
Cause of death, } Secondary, followed by Paralysis Duration, _____

Certifying Physician, Dr. Davis

Place of burial, former Cemetery, hill

Date of burial, Dec 13 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Oct- Made by M. E. Meliff

Length of Casket, 5 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Eng

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 80 00

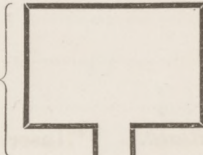

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1362

Amount forward to next page, 1442

FUNERAL DIRECTORS REGISTER.

Total Number to date, 128

Funeral No. this year, 22

Date of Death, Dec 14 1885 Color † Age { 75 Years.
Name of Deceased, M. J. Thomas Months.
Place of death, San Francisco Street. Ward No. _____ Days.
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, _____ Wife of M. S. Thomas
Birth-place, New Hampshire Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, _____ Duration, _____
Cause of death, } Secondary, _____ Duration, _____
Certifying Physician, Dr. W. C. Tappan
Place of burial, Valley Cemetery, _____
Date of burial, Dec 15 Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, _____ Made by P. B. Co.
Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
Carriage to call for _____ Time, _____
Carriage to call for _____ Time, _____
Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, _____
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

85 00
10 00
50
23 50
10 00
63 50
1442
1507

FUNERAL DIRECTORS REGISTER.

Total Number to date, 129Funeral No. this year, 23

Date of Death, Dec 26 18 85 Color W Age { 39 Years.
1 Months.
6 Days.

Name of Deceased, Rev. James K P Balis

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, X

Occupation, Farmer Wife of _____

Birth-place, Missouri Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Cerebral Palsy Duration, _____

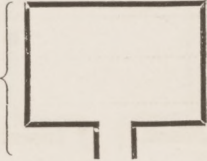
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Lawrence

Place of burial, Rice Cemetery, _____

Date of burial, Dec 27 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Walrus Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Eng.

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Cash \$20.00

Dec 30 1885

Amount of Bill, \$85.00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1567

Amount forward to next page, 1592

FUNERAL DIRECTORS REGISTER.

Total Number to date, 130

Funeral No. this year, 1

Date of Death, Jan 14 1886 Color † R Age { 76 Years. 4 Months. 5 Days.

Name of Deceased, Chas Gary Weston

Place of death, Sumner Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Captain Wife of

Birth-place, Winsted - Conn. Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Soil debility - Duration,

Certifying Physician, Dr Mc Laggan -

Place of burial, Sumner Cemetery, Hill

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { [Diagram] Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: [Symbol]

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Duke Made by Stein & Co

Length of Casket, 6 Feet, Inches. Width of Casket, Inches. 12 5 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Red wood 6 50

Robe, Shroud, or Dress No. Color, Made by 20 00

Lining No. Silk Color, Handles No. 5.00

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and 10 03 Carriages Stable Bill Carriage 12.00 23 75

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, 50

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers, 3 00

Bill to be charged to, 10 00

Date Bill was presented, Date Bill was paid, Paid

Amount of Bill, 18 8 75

Time of Services, A. M., P. M., Forward from last page, 1780

Amount forward to next page, 1780

FUNERAL DIRECTORS REGISTER.

Total Number to date, 131Funeral No. this year, 2

Date of Death, Feb 2 1886 Color † Age 79 Years. Months. Days.

Name of Deceased, Harmon S. Thomas

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Carpenter Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

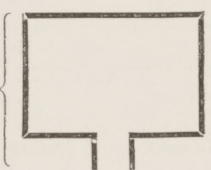
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Mc Taggart

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, _____ Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Paul

Amount of Bill, 75 30

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 188 75

Amount forward to next page, 264 25

FUNERAL DIRECTORS REGISTER.

Total Number to date, 132Funeral No. this year, 3

Date of Death, Feb 15 1882 Color † Age { 30 Years.
7 Months.
20 Days.

Name of Deceased, Sarah E. Morton

Place of death, Home Street. Ward No. _____

Residence, " Sex, _____ Single, S Married, _____

Occupation, Teacher Wife of _____

Birth-place, San Francisco Widow of _____

Name of Father, C. C. Morton His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

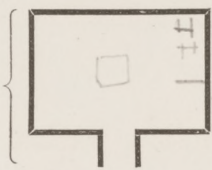
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, Dr. Breckin

Place of burial, Home Cemetery, Hill

Date of burial, Feb 18 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Open Made by Stearns 125 00

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 6 50

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. 2 Plate No. 503 20 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and 8 10 00 Carriages 2 12 00 22 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____ 50

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____ 3 00

Bill to be charged to _____ 10 00

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 188 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 264 25

Amount forward to next page, 451 25

FUNERAL DIRECTORS REGISTER.

Total Number to date, 139Funeral No. this year, 4

Date of Death, Feb 21 1886 Color W Age 6 Years. 6 Months. Days.

Name of Deceased, Linus Burns

Place of death, New London Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, John Burns His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Diphtheria Duration,


Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Lawrence

Place of burial, Catholic Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 3 Style, Giles Made by

Length of Casket, 3 Feet, 8 Inches. Width of Casket, 12 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 3

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages, 10

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid July 21/86

Amount of Bill, 25.00

Time of Services, A. M., P. M., Forward from last page, 4.57

Amount forward to next page, 476

FUNERAL DIRECTORS REGISTER.

Total Number to date, 134Funeral No. this year, 5

Date of Death, Feb 21 1886 Color † Age { 34 Years.
10 Months.
6 Days.

Name of Deceased, John Lewis

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, M

Occupation, Butcher Wife of _____

Birth-place, Sumner Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

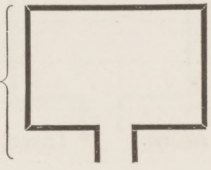
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, Dr. Lawrence

Place of burial, Sumner Cemetery, Hill

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 6 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. 500

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, h.c.

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, h.c.

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Cash 20.00

June 28 2.80

Aug 28 2.00

14 9.00

20.00

2.80

9.00

Amount of Bill, 90.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 47.625

Amount forward to next page, 52.7

FUNERAL DIRECTORS REGISTER.

Total Number to date, 135Funeral No. this year, 6

Date of Death, Feb 24 18 86 Color † Age 3 Years. 3 Months. 3 Days.

Name of Deceased, Burns

Place of death, San Francisco Street. Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, " Widow of "

Name of Father, James Burns His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Diff. Throat Duration, "

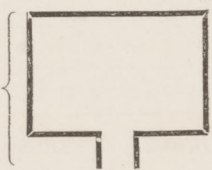
Cause of death, } Secondary, " Duration, "

Certifying Physician, Dr. Lawrence

Place of burial, Catholics Cemetery, "

Date of burial, Feb 25 Section No. " Lot No. "

Funeral held at House, or " Church. "

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, P Made by "

Length of Casket, 3 Feet, 6 Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 23

Time of Services, " A. M., " P. M., " Forward from last page, 576

Amount forward to next page, 599

FUNERAL DIRECTORS REGISTER.

137

Total Number to date, 136

Funeral No. this year, 7

Date of Death, Nov 14 1886 Color W. Age { 12 Years.
12 Months.
 Days.

Name of Deceased, Bertha Ribli

Place of death, New London Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Cincinnati Ohio Widow of

Name of Father, S. Ribli His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, { Primary, Diphtheria Duration,

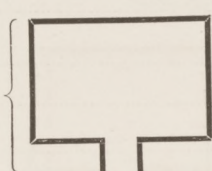
Cause of death, { Secondary, Duration,


Certifying Physician, Dr. Davis

Place of burial, Cemetery, Catholic

Date of burial, Nov 13 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Giles

Length of Casket, 5 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Cape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages.

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Recd Aug 29/86

Amount of Bill, 35 00

Time of Services, A. M., P. M., Forward from last page, 599

Amount forward to next page, 434

FUNERAL DIRECTORS REGISTER.

Total Number to date, 137Funeral No. this year, 8

Date of Death, March 17 1886 Color W Age { 5 Years.
8 Months.
 Days.

Name of Deceased, Lizins

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Home Widow of _____

Name of Father, Louis Lizins His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Diphtheria Duration, _____


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence


Place of burial, Hill Cemetery, _____

Date of burial, March 19 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot. 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, 3 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented, March 21 Date Bill was paid, Paid

Amount of Bill, 38.00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 634

Amount forward to next page, 672

FUNERAL DIRECTORS REGISTER.

Total Number to date, 138

Funeral No. this year, 3

Date of Death, *March 27*, 18*86*. Color † Age^s { Years.
..... Months.
..... Days.

Name of Deceased, *Martilda Rubli*

Place of death, *Jurupa* Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, *California* Widow of

Name of Father, *S Rubli* His Birth-place, *

Name of Mother, Her Birth-place, *

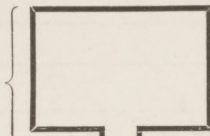
Cause of death, } Primary, *Diphtheria* Duration,
Cause of death, } Secondary, Duration,

Certifying Physician, *Dr Davis*

Place of burial, Cemetery, *Catholi*

Date of burial, *Mar 28* Section No. Lot No.

Funeral held at House, or Church.

Diagram of }
Burial Lot. } 

Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus : ‡.

Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Wells Made by Wells

Length of Casket, 4 Feet, 1 Inches. Width of Casket, 1 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to



Date Bill was presented Date Bill was paid Paid May 24/88

 Amount of Bill,

Time of Services, A. M., P. M., Forward from last page

FUNERAL DIRECTORS REGISTER.

Total Number to date, 139Funeral No. this year, 10

Date of Death, April 2 1887 Color † _____ Age { 77 Years.
 Name of Deceased, Marriah Kennedy Months.
 Place of death, near former Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Pneumonia Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr Davis
 Place of burial, former Cemetery, new
 Date of burial, April 4 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

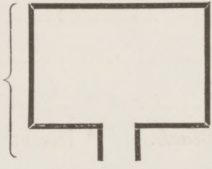

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by P. Mfg Co.
 Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Feb 9 1887 Paid 100.00
Aug 18 1887 13.00

Amount of Bill, 130.00Time of Services, _____ A. M., _____ P. M., Forward from last page, 7.00Amount forward to next page, 830

FUNERAL DIRECTORS REGISTER.

Total Number to date, 140Funeral No. this year, 11

Date of Death, April 9 1887 Color † _____ Age { 22 Years.
 Name of Deceased, Mary Allen _____ Months.
 Place of death, New Glen Elmer Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, 5 Married, 11
 Occupation, _____ Wife of _____
 Birth-place, Switzerland Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Consumption Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Lawrence _____
 Place of burial, 1 Sonoma Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of }
 _____ Burial Lot. } 
 † State whether White or Black. * Insert Town and State. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by R. F. Co.
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Cash \$21.00
Perish
 _____ Amount of Bill, _____
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, 905

FUNERAL DIRECTORS REGISTER.

Total Number to date, 141Funeral No. this year, 12

Date of Death, April 25 1886 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.

Name of Deceased, Julius Craft

Place of death, San Francisco Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

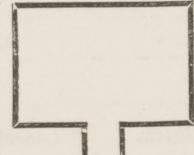
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, San Francisco Cemetery, Hill

Date of burial, April 27 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by Phelps Co. } 65 00

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid May 8, 1886

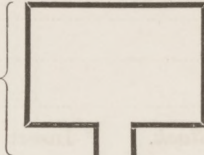

Amount of Bill, 75 12

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 90 5

Amount forward to next page, 980

FUNERAL DIRECTORS REGISTER.

Total Number to date, 143Funeral No. this year, 13

Date of Death, April 26 1886 Color † Age { 2 Years.
1 Months.
1 Days.
Name of Deceased, Infant Child of Griffiths
Place of death, Lawrence Street. Ward No. _____
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, _____ Wife of _____
Birth-place, _____ Widow of _____
Name of Father, A. Griffiths His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, Heart Trouble Duration, _____
Cause of death, } Secondary, _____ Duration, _____
Certifying Physician, Dr. Lawrence
Place of burial, Valley Cemetery, _____
Date of burial, Apr 27 Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, 1 Made by P. Mfg. Co.
Length of Casket, 2 Feet, _____ Inches. Width of Casket, _____ Inches. 6 00
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 2 00
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid April 30 1886

Amount of Bill, _____
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 980

Amount forward to next page, 988

FUNERAL DIRECTORS REGISTER.

Total Number to date, 143Funeral No. this year, 14Date of Death, May 13 1886 Color † _____ Age { 52 Years.Name of Deceased, Wm E R Miller { 4 Months.Place of death, Sumner Street, Ward No. _____ { 13 Days.

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

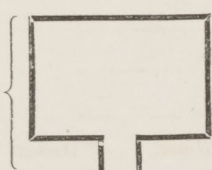
Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr HaywardPlace of burial, Sumner Cemetery, HillDate of burial, May 4 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of
Burial Lot. } Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus : †.Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Duke Made by SteinLength of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. 50

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid PaidAmount of Bill, 161.00Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 10.00Amount forward to next page, 988

FUNERAL DIRECTORS REGISTER.

Total Number to date, 244Funeral No. this year, 137

Date of Death, May 10 18 86 Color † Age 64 Years. 1 Months. 0 Days.

Name of Deceased, Mrs Sarah E Harris

Place of death, Home Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Dysentery Duration, _____

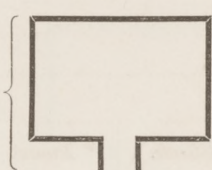

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, Home Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Dukes Made by Stein

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches. 14 11 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____ 5 00

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Eng 5 00

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____ 5 00

Hearse and _____ Carriages _____ 10 00

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____ 0 0

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Dec 6 1886

Amount of Bill, 165 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1038

Amount forward to next page, 1203 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 145Funeral No. this year, 16

Date of Death, June 20 1886 Color † _____ Age { 60 Years.
8 Months.
 _____ Days.

Name of Deceased, Engler

Place of death, Home Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Harmon Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Dropsy Duration, _____

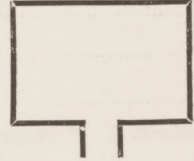
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, Home Cemetery, Hill

Date of burial, June 21 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____

Length of Casket, 6 Feet, 5 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid June 22/86

Amount of Bill, 76 00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1203

Amount forward to next page, 1278

FUNERAL DIRECTORS REGISTER.

Total Number to date, 146

Funeral No. this year, 17

Date of Death, June 20 18 86 Color † Age { Years. Months. Days. Name of Deceased, Josephine Murtin Place of death, Main Street Ward No. Residence, Sex, Single, Married, Occupation, Wife of Birth-place, Widow of Name of Father, His Birth-place, * Name of Mother, Her Birth-place, * Cause of death, } Primary, Gun Shot - Wound Duration, Cause of death, } Secondary, Duration, Certifying Physician, Place of burial, Cemetery, Hill Date of burial, June 22 Section No. Lot No. Funeral held at House, or Church. Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □ † State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by Length of Casket, 6 Feet, Inches. Width of Casket, Inches. Box, Pine, Chestnut, Oak, Cedar or Mahogany, Robe, Shroud, or Dress No. Color, Made by Lining No. Color, Handles No. Plate No. Time of Dressing, Crape on door, Washing and laying out, Shaving, Embalming, Preserver and Ice, Hearse and Carriages Carriage to call for Time, Carriage to call for Time, Carriage to call for Time, Flowers, Use of Folding Chairs, Pair of Gloves, Personal attendance, Porters or Help, Delivering Box to Cemetery, Use of Pedestals or Pall, Badges for Bearers, Use of Candlesticks, Inserting death Notices in Papers, Bill to be charged to Date Bill was presented Date Bill was paid Paid

75 00
5 00
5 00
3 00
10 00

Amount of Bill, 98 00
Time of Services, A. M., P. M., Forward from last page, 12 78

Amount forward to next page, 1376

FUNERAL DIRECTORS REGISTER.

Total Number to date, 147Funeral No. this year, 18

Date of Death, July 14 1886 Color † Age { 6 Years.
6 Months.
 Days.

Name of Deceased, Albert Ricci

Place of death, Sumner Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Sumner Widow of

Name of Father, James Ricci His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

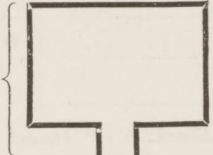
Cause of death, } Secondary, Duration,

Certifying Physician, Dr Davis

Place of burial, Sumner Cemetery, Hill


Date of burial, July 15 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 12 Style, Made by P. Mfg Co. } 20 00

Length of Casket, 2 Feet, 6 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 20 00

Time of Services, A. M., P. M., Forward from last page, 13 76

Amount forward to next page, 13 96

FUNERAL DIRECTORS REGISTER.

Total Number to date, 148

Funeral No. this year, 19

Date of Death, July 22 1886 Color † Age { 15 Years. 9 Months. 9 Days.

Name of Deceased, John M. Cline

Place of death, Near Lawrence Street. Ward No.

Residence, Sex, F Single, Married,

Occupation, Wife of

Birth-place, San Francisco Widow of

Name of Father, His Birth-place, * Denmark

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Heart Disease Duration,

Cause of death, } Secondary, 1 Duration,

Certifying Physician, Dr. Lawrence

Place of burial, San Francisco Cemetery, Odd Fellows

Date of burial, July 24 Section No. Lot No.

Funeral held at House, or, Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by P. W. Co.

Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. Eng.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers, Telegraphing & Etc

Bill to be charged to Parcel

Date Bill was presented Date Bill was paid

70 00

12 00

5 00

10 00

10 00

75

Amount of Bill, 107 75

Time of Services, A. M., P. M., Forward from last page, 396

Amount forward to next page, 504

FUNERAL DIRECTORS REGISTER.

Total Number to date, 149Funeral No. this year, 20

Date of Death, Aug 13 1886 Color † Age 12 Years. 12 Months. 12 Days.

Name of Deceased, John P. Knight

Place of death, Near Glen Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, San Francisco Cal Widow of _____

Name of Father, Knight His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

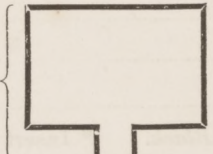


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, San Francisco Cemetery, Masonic

Date of burial, Aug 15 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Julius Stick

Length of Casket, 5 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 23.00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1504

Amount forward to next page, 1529

FUNERAL DIRECTORS REGISTER.

Total Number to date, 150 Funeral No. this year, 21

Date of Death, Aug 16 1886 Color † White Age { 3 Years. 3 Months. 3 Days.

Name of Deceased, Infant Child of Andrew Gross

Place of death, Providence Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Andrew Gross His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Still born Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Davis

Place of burial, Providence Cemetery, Hill

Date of burial, Aug 17 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by

Length of Casket, 1 Feet, 6 Inches. Width of Casket, 10 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 10 00

Time of Services, A. M., P. M., Forward from last page, 1529

Amount forward to next page, 1539

FUNERAL DIRECTORS REGISTER.

Total Number to date, 151Funeral No. this year, 22

Date of Death, Sept 7 1887 Color W Age 10 Years. 10 Months. 10 Days.

Name of Deceased, Leland Stanford Peters.

Place of death, Blum Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Oakland Cal Widow of _____

Name of Father, J. P. Peters His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Piphterine Duration, _____

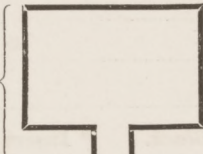

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, San Francisco Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 5 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Cash 20 00

1496 Bush St

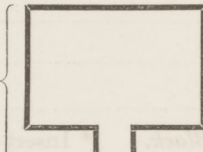

Amount of Bill, 58 00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 153 9

Amount forward to next page, 159 7

FUNERAL DIRECTORS REGISTER.

Total Number to date, 152Funeral No. this year, 23

Date of Death, Sept 18 1886 Color † 3 Age { 1 1/2 Years.
 Name of Deceased, Wm Child Chas. & and Months.
 Place of death, Sumner Street. Ward No. 1 1/2 Days.
 Residence, Sumner Sex, Male Single, Married,
 Occupation, Sumner Wife of
 Birth-place, Sumner Widow of
 Name of Father, Chas. & and His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Davis
 Place of burial, Sumner Cemetery, Sumner
 Date of burial, Sept 18 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, 6 Made by 450
 Length of Casket, 1 Feet, 6 Inches. Width of Casket, 6 Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. 6 Color, 6 Made by 450
 Lining No. 6 Color, 6 Handles No. 6 Plate No. 6
 Time of Dressing, 6 Crape on door, 6
 Washing and laying out, 6 Shaving, 6
 Embalming, 6 Preserver and Ice, 6
 Hearse and 6 Carriages
 Carriage to call for 6 Time, 6
 Carriage to call for 6 Time, 6
 Carriage to call for 6 Time, 6
 Flowers, 6
 Use of 6 Folding Chairs, 6 Pair of Gloves, 6
 Personal attendance, 6 Porters or Help, 6
 Delivering Box to Cemetery, 6 Use of Pedestals or Pall, 6
 Badges for Bearers, 6 Use of Candlesticks, 6
 Inserting death Notices in Papers, 6
 Bill to be charged to 6
 Date Bill was presented 6 Date Bill was paid 6

Amount of Bill, 4
 Time of Services, 6 A. M., 6 P. M., Forward from last page, 1597
 Amount forward to next page, 1601

FUNERAL DIRECTORS REGISTER.

Total Number to date, 153Funeral No. this year, 24

Date of Death, Oct 7 1886 Color † Age 82 Years. 7 Months. 7 Days.

Name of Deceased, Mrs Eliza Matthews

Place of death, London Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, England Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Generalized Heart Duration, _____



Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, London Cemetery, Hill

Date of burial, Oct 9 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 1/2 Style, _____ Made by Robert

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Cullbertson

Date Bill was presented _____ Date Bill was paid Oct 9/86

Amount of Bill, 45 00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1601

Amount forward to next page, 1646

FUNERAL DIRECTORS REGISTER.

Total Number to date, 154

Funeral No. this year, 25

Date of Death, Oct 12 1886 Color † Age { 35 Years. _____ Months. _____ Days.

Name of Deceased, Jacob Weiss

Place of death, Home Street, _____ Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Saloon Keeper Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pistol wound in Duration, _____

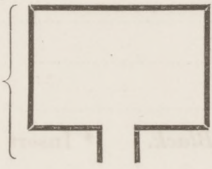

Cause of death, } Secondary, the head. Duration, _____

Certifying Physician, Dr. Davis

Place of burial, Home Cemetery, Will

Date of burial, Oct 14 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>22</u>	Style, <u>P. Mfg. Co.</u>	Made by _____	75 00
Length of Casket, <u>6</u> Feet, _____ Inches.	Width of Casket, <u>X</u> Inches.		5 00
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____			
Robe, Shroud, or Dress No. _____	Color, _____	Made by _____	
Lining No. _____	Color, _____	Handles No. _____	
Plate No. _____			
Time of Dressing, _____	Crape on door, _____		
Washing and laying out, _____	Shaving, _____		5 00
Embalming, <u>+ Fluids</u>	Preserver and Ice, _____		5 00
Hearse and _____	Carriages _____		10 00
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Flowers, <u>Shirl & Co.</u>			1 70
Use of _____	Folding Chairs, _____	Pair of Gloves, _____	
Personal attendance, <u>Sitting up & outside body</u>	Porters or Help, _____		6 00
Delivering Box to Cemetery, _____	Use of Pedestals or Pall, _____		50
Badges for Bearers, _____	Use of Candlesticks, _____		
Inserting death Notices in Papers, _____	<u>Opening grave</u>		10 00
Bill to be charged to _____			
Date Bill was presented _____	Date Bill was paid <u>Paid</u>		
Amount of Bill, <u>118 20</u>			
Time of Services, _____ A. M., _____ P. M., _____			
Forward from last page, <u>16 46</u>			
Amount forward to next page, <u>176 420</u>			

FUNERAL DIRECTORS REGISTER.

Total Number to date, 155Funeral No. this year, 26

Date of Death, Oct 13 1886 Color † Age 68 Years. 88 Months. 88 Days.

Name of Deceased, Moses Edward Clark

Place of death, Sumner Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Carpenter Wife of

Birth-place, Mass Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Paralysis of Heart Duration,

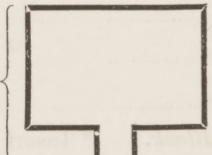
Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Davis

Place of burial, Sumner Cemetery,

Date of burial, Oct 14 Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡.

Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by Maple 85 00

Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches. 5 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 18 00

Robe, Shroud, or Dress No. Color, Made by 5 00

Lining No. Color, Handles No. Plate No. Eng. 6 00

Time of Dressing, Crape on door, 12 50

Washing and laying out, + under clothes Shaving, 12 00

Embalming, Preserver and Ice,

Hearse and 2 Hires Carriages 10 00

2 Carriage to call for + 1 Buggy Time, 50

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves, Opening Gown 10 00

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, 50

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers, 3 00

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 157 00

Time of Services, A. M., P. M., Forward from last page, 176 4

Amount forward to next page, 19 21

FUNERAL DIRECTORS REGISTER.

Total Number to date, 137

Funeral No. this year, 27

Date of Death, Mar 19 1886 Color † Age { 86 Years. Months. Days.

Name of Deceased, Mrs. Shattuck

Place of death, San Francisco Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Old Age Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, San Francisco Cemetery, Filad

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and 2 Limos Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 15 00

Time of Services, A. M., P. M., Forward from last page, 1921

Amount forward to next page, 1936

FUNERAL DIRECTORS REGISTER.

Total Number to date, 157Funeral No. this year, 28

Date of Death, Nov 28 1886 Color † Age { 6 Years.
8 Months.
 Days.

Name of Deceased, Thellen

Place of death, Blum Allen Street. Ward No.

Residence, 2 Sex, Single, Married,

Occupation, Wife of

Birth-place, Lawrence, Cal. Widow of

Name of Father, J. J. Thellen His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Abcess on the Duration,

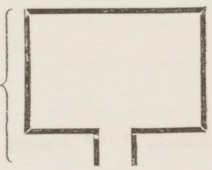
Cause of death, } Secondary, Bruise Duration,

Certifying Physician, Dr. Lewis

Place of burial, Catholic Cemetery, Lawrence

Date of burial, Nov Dec 1 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 1936

Time of Services, A. M., P. M., Forward from last page, 12

Amount forward to next page, 1952

FUNERAL DIRECTORS REGISTER.

Total Number to date, 158Funeral No. this year, 29

Date of Death, Dec 6 1886 Color † Age { 86 Years.
7 Months.
7 Days.

Name of Deceased, Wilkins Stefan

Place of death, Embarcadere Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Bennary Widowed of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, disease of heart Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, San Francisco Cemetery, _____

Date of burial, Dec 8 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____

Length of Casket, 5 Feet, 9 Inches. Width of Casket, 11 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 76

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1952

Amount forward to next page, 2028

FUNERAL DIRECTORS REGISTER.

Total Number to date, 159Funeral No. this year, 30

Date of Death, Dec 16 1886 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.

Name of Deceased, Inf Child of L Bassani

Place of death, near funeral Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, L Bassani His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

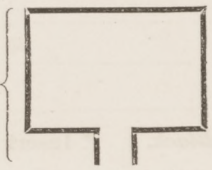
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, Dec 17 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 2 Feet, _____ Inches. Width of Casket, _____ Inches. 10 00

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 10 00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 2002

Amount forward to next page, 2012

FUNERAL DIRECTORS REGISTER.

Total Number to date, 160

Funeral No. this year, 31

Date of Death, Dec 27th 1886 Color † Age { 69 Years.
Name of Deceased, James M. C. Kanny Months.
Place of death, Glen Ellen Street. Days.
Residence, Sex, Single, Married, Ward No.
Occupation, Surveyor Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, Cemetery,
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by 25.00
Length of Casket, Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid Paul

Amount of Bill, 25.00
Time of Services, A. M., P. M., Forward from last page, 2012
Amount forward to next page, 2037

FUNERAL DIRECTORS REGISTER.

Total Number to date, *161*Funeral No. this year, *1*

Date of Death, *Dec 24th* 18*86* Color † _____ Age { *65* Years.
 Name of Deceased, *Robt. Beck* _____ Months.
 Days.

Place of death, _____ Street. Ward No. _____

Residence, *San Francisco* Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, *Penn* _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

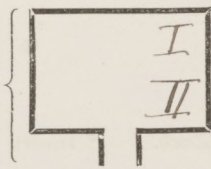

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, *Drowning* Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, *Gal. Stanton, Coroner* _____Place of burial, *Conover* Cemetery, *Hill* _____Date of burial, *Jan 2nd 1887* Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of
Burial Lot. } Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, *Opening Grave* _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid *Paid* _____Amount of Bill, *30*

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 162Funeral No. this year, 2

Date of Death, Jan 9th 1887 Color † Age 76 Years. 2 Months. 2 Days.

Name of Deceased, E. H. Norton

Place of death, former Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Mass. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Cong of Lungs Duration, _____

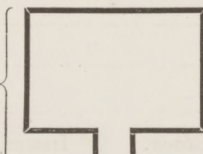

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, Jan 11th Cemetery, _____

Date of burial, Jan 11th Section No. _____ Lot No. _____

Funeral held at House, or Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, Delivering Casket Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 10 66

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 30

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 163Funeral No. this year, 3

Date of Death, Jan 22^d 1877 Color † Age { Years.
 Months.
 Days.

Name of Deceased, John Reaney

Place of death, Pitt Road Street. Ward No.

Residence, Bear River Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Ireland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Accidental Duration,

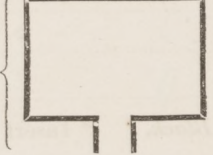
Cause of death, } Secondary, Duration,

Certifying Physician, Dr Davis

Place of burial, Catholic Cemetery,

Date of burial, Jan 26th Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 18 Style, Pine Maple Made by

Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Paid in full

Amount of Bill, 90 50

Time of Services, A. M., P. M., Forward from last page, 40

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 164Funeral No. this year, 4

Date of Death, Jan 23 1887 Color † Age { 6 Years.
10 Months.
. Days.

Name of Deceased, (Braddock) Clark Jamie

Place of death, Braddock Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, (Braddock) John Clark His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, { Primary, Pneumonia Duration, _____

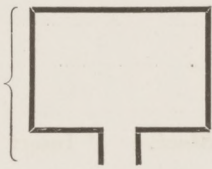
Cause of death, { Secondary, _____ Duration, _____

Certifying Physician, D. Lawrence

Place of burial, in Place Cemetery, _____

Date of burial, Jan 24 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Giles

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 2.5

Time of Services, _____ A. M., _____ P. M., Forward from last page, 130

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 163Funeral No. this year, 3

Date of Death, Feb 6th 1887 Color h Age 17 { Years.
Months.
Days.

Name of Deceased, Alvin Curtis Lynn

Place of death, Lawson Street. Ward No. _____

Residence, Woodland Sex, M. Single, S. Married, _____

Occupation, _____ Wife of _____

Birth-place, California Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, { Primary, Influenza of the Duration, _____

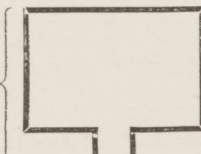
Cause of death, { Secondary, bowels Duration, _____

Certifying Physician, Dr Lawrence

Place of burial, Lawson Cemetery, _____

Date of burial, Feb 8th Section No. _____ Lot No. _____

Funeral held at House, or House Church. _____

Diagram of {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 19 Style, _____ Made by P. M. Co.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 7.50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 2.50

Amount forward to next page, 2.00

FUNERAL DIRECTORS REGISTER.

Total Number to date, 1466Funeral No. this year, 6

Date of Death, Feb 8th 1887 Color † Age 29 Years. 5 Months. 5 Days.

Name of Deceased, Mary M. Hinkle

Place of death, San Francisco Street, Ward No.

Residence, " Sex, Female Single, Married

Occupation, " Wife of "

Birth-place, San Francisco Widow of "

Name of Father, L. C. Raper His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Peritonitis Duration, "

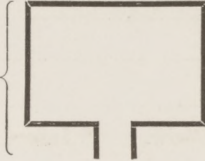
Cause of death, } Secondary, " Duration, "

Certifying Physician, L. Robinson

Place of burial, San Francisco Cemetery, Hill


Date of burial, Feb 11 Section No. " Lot No. "

Funeral held at House, or Church, "

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. " Style, " Made by "

Length of Casket, " Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages 2 Times

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 3

Time of Services, " A. M., " P. M., " Forward from last page, 18

Amount forward to next page, 24

FUNERAL DIRECTORS REGISTER.

Total Number to date, 167Funeral No. this year, 167

Date of Death, Feb 22^d 1887 Color † Age { 60 Years.
9 Months.
10 Days.

Name of Deceased, Victorine G. Robin

Place of death, _____ Street, _____ Ward No. _____

Residence, London Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, France Widow of _____

Name of Father, _____ His Birth-place, * _____

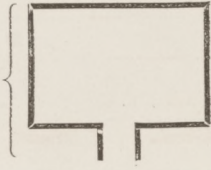
Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. LawrencePlace of burial, _____ Cemetery, St. HillDate of burial, Feb 24th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of }
 Burial Lot. } 

† State whether *White* or *Black*. * Insert *Town* and *State*.

Put in the Diagram one mark like
 this I for every Grave in it. And mark
 this Burial with double dagger thus : †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid_____ Amount of Bill, 20Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 245Amount forward to next page, 210

FUNERAL DIRECTORS REGISTER.

Total Number to date, 168Funeral No. this year, 8

Date of Death, Feb 23rd 1887 Color † Age 40 Years. Months. Days.

Name of Deceased, Mrs Maggie Harper

Place of death, Sonoma Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Heart Disease Duration,

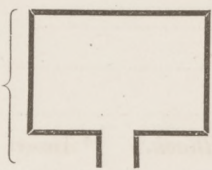
Cause of death, } Secondary, Dropsy Duration,


Certifying Physician, Dr Lawrence

Place of burial, Sonoma Cemetery, Hill

Date of burial, Feb 27th Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : ‡.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by

Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages,

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, + Carriage Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

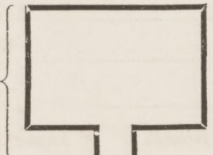

Amount of Bill, 107

Time of Services, A. M., P. M., Forward from last page, 31.5

Amount forward to next page, 107

FUNERAL DIRECTORS REGISTER.

Total Number to date, 169Funeral No. this year, 9

Date of Death, March 7th 1887 Color † Age 54 { Years.
 Name of Deceased, Francis Albert Pauli { Months.
 Place of death, Lawrence Street. Ward No. Days.
 Residence, " Sex, Single, Married,
 Occupation, Butcher & Grocer Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Consumption Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Lawrence Cemetery, Hill
 Date of burial, March 9 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 647 Style, Made by Stein
 Length of Casket, 6 Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Paul

Amount of Bill, 140
 Time of Services, A. M., P. M., Forward from last page, 420

Amount forward to next page, 562

FUNERAL DIRECTORS REGISTER.

Total Number to date, 170Funeral No. this year, 10

Date of Death, March 8th 1887 Color † Age 17 Years. Months. Days.

Name of Deceased, Benjamin Reuel

Place of death, San Francisco Street. Ward No.

Residence, San Francisco Sex, Single, Married.

Occupation, Wife of

Birth-place, Widow of

Name of Father, E. S. Reuel His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Calculus? Duration,

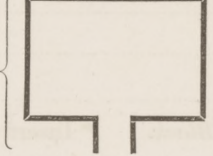
Cause of death, } Secondary, (Breast) Duration,

Certifying Physician,


Place of burial, San Francisco Cemetery, Hill

Date of burial, March 10 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill,

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 171Funeral No. this year, 11

Date of Death, March 27 1887 Color † _____ Age { 2 Years.
5 Months.
16 Days.

Name of Deceased, Glenn Carriger

Place of death, San Francisco Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Kansas Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, Emma Carriger Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

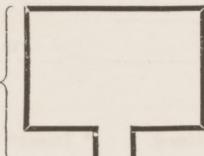
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence


Place of burial, Sumner Cemetery, Bill


Date of burial, March 29 Section No. _____ Lot No. _____

Funeral held at House, ☒ or Church, ☐

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 12 Style, _____ Made by P. Myer

Length of Casket, 3 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Imp

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid April 2 1887

Amount of Bill, 51

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 577

Amount forward to next page, 628

FUNERAL DIRECTORS REGISTER.

Total Number to date, 172Funeral No. this year, 12

Date of Death, Apr 12 1887 Color † Age 57 Years. Months. Days.

Name of Deceased, Adolphus Goette

Place of death, Miss Loomis Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Cook Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Consumption Duration,

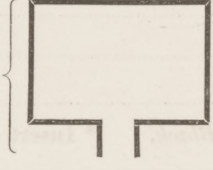
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Loomis Cemetery, Hill

Date of burial, Apr 14 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 87 Style, Made by

Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Aug 16 1887 Paid

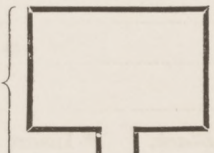

Amount of Bill, 80

Time of Services, A. M., P. M., Forward from last page, 628

Amount forward to next page, 708

FUNERAL DIRECTORS REGISTER.

Total Number to date, 173Funeral No. this year, 13

Date of Death, June 19th 1887 Color † Age { 28 Years.
 Name of Deceased, R. Crothers Months.
 Place of death, Lumma Days.
 Street. Ward No.
 Residence, Sex, Single, Married,
 Occupation, N.S. Storekeeper Wife of
 Birth-place, New York Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Consumption Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Davis
 Place of burial, Lumma Cemetery, Hill
 Date of burial, June 20th 1887 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by P. M. Co
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid paid

Amount of Bill, 43
 Time of Services, A. M., P. M., Forward from last page, 708

Amount forward to next page, 853

FUNERAL DIRECTORS REGISTER.

Total Number to date, 174Funeral No. this year, 14

Date of Death, June 23 1887 Color † _____ Age { 29 Years.
6 Months.
6 Days.

Name of Deceased, Hella Clayton

Place of death, Lincoln Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, School Teacher Wife of _____

Birth-place, Sweden Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

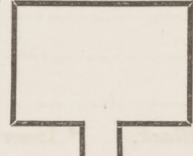
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Pine Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Padded

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Mrs. W. B. Lubbeck

Date Bill was presented _____ Date Bill was paid July 11. \$25.00
25

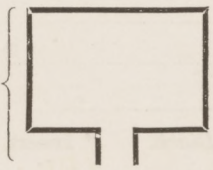

Amount of Bill, 8.50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 8.53

Amount forward to next page, 938

FUNERAL DIRECTORS REGISTER.

Total Number to date, 175Funeral No. this year, 15

Date of Death, June 27th 1887 Color † Age { 67 Years.
 Name of Deceased, Antonia Scilligo Months.
 Place of death, East as cadens Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Palmer Wife of
 Birth-place, Italy Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Ashtonia Duration,
 Cause of death, } Secondary, Hunt Disease Duration,
 Certifying Physician, Dr Davis
 Place of burial, Catholic Cemetery,
 Date of burial, June 28th Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by Pac Mfg Co
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to Mr. Green
 Date Bill was presented Date Bill was paid

Amount of Bill, 41
 Time of Services, A. M., P. M., Forward from last page, 938

Amount forward to next page, 979

FUNERAL DIRECTORS REGISTER.

Total Number to date, 176Funeral No. this year, 16

Date of Death, June 30 1887 Color † Age 39 Years. 0 Months. 0 Days.

Name of Deceased, Augustine R. Just

Place of death, San Francisco Street. Ward No.

Residence, Sex, M Single, Married,

Occupation, Wife of

Birth-place, Board of ship Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Typhoid fever Duration,

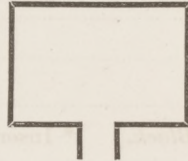
Cause of death, } Secondary, Duration,

Certifying Physician, Geo B Mc Lary


Place of burial, San Francisco Cemetery, Hill


Date of burial, July 2 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and 2 Limos Carriages,

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, Pall

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 15

Time of Services, A. M., P. M., Forward from last page, 979

Amount forward to next page, 994

FUNERAL DIRECTORS REGISTER.

Total Number to date, 177Funeral No. this year, 17

Date of Death, July 20th 187 Color † _____ Age { 86 Years.
4 Months.
 _____ Days.

Name of Deceased, Mr. J. M. Brockman

Place of death, _____ Street, _____ Ward No. _____

Residence, Ham Glen Ellen Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Old Age Duration, _____

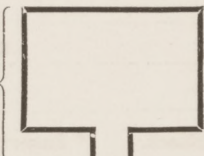
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Sumner Cemetery, Lower Ce


Date of burial, July 21 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of }
 Burial Lot. } 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, P Maple Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Cash 25.00
Paid over


Amount of Bill, 63.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 994

Amount forward to next page, 1059

FUNERAL DIRECTORS REGISTER.

Total Number to date, 178Funeral No. this year, 18

Date of Death, July 31st 1887 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.
 Name of Deceased, Inf. Daniel J. Barker
 Place of death, Louma Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Louma Widow of _____
 Name of Father, Barker His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Inf of Bowels Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Lawrence
 Place of burial, _____ Cemetery, _____
 Date of burial, Will Aug 1st Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Empire Made by P. Mfg Co
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

 _____ Amount of Bill, 5
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1064
 Amount forward to next page, 1064

FUNERAL DIRECTORS REGISTER.

Total Number to date, 179Funeral No. this year, 19

Date of Death, Aug 5 1887 Color † Age 45 Years. 19 Months. 19 Days.

Name of Deceased, Wm. Ebbetts

Place of death, Louisa Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Blockmaker Wife of _____

Birth-place, Sweden Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Killed by Caving Duration, _____

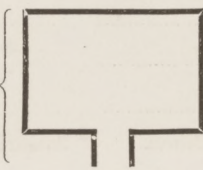
Cause of death, } Secondary, 7 rocks Duration, _____

Certifying Physician, D. Davis

Place of burial, Plat Cemetery, _____

Date of burial, Aug 6 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by Crosby

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid PA

Amount of Bill, 15

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1064

Amount forward to next page, 1079

FUNERAL DIRECTORS REGISTER.

Total Number to date, *180*Funeral No. this year, *20*

Date of Death, *Sept- 2d* 18*87* Color *†* Age *76* Years. *11* Months. Days.

Name of Deceased, *Ernest Rufus*

Place of death, *Lincoln* Street. Ward No.

Residence, *"* Sex, Single, Married,

Occupation, *Farmer* Wife of

Birth-place, Widow of

Name of Father, His Birth-place, ***

Name of Mother, Her Birth-place, ***

Cause of death, } Primary, *Heart Disease* Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, *Dr Davis*

Place of burial, *Hill* Cemetery,

Date of burial, *Sept- 5th* Section No. Lot No.

Funeral held at House, *or* Church.

Diagram of Burial Lot. Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: **□**

† State whether White or Black. *** Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. *17* Style, Made by *P Mfg Co*

Length of Casket, *6* Feet, Inches. Width of Casket, Inches. *60*

Box, Pine, Chestnut, Oak, Cedar or Mahogany, *5*

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. *5*

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages *10*

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help, *Opening Grave* *10*

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid *Sept-12. Cash 60.*

All Paid

Amount of Bill, *90*

Time of Services, A. M., P. M., Forward from last page, *10.79*

Amount forward to next page, *11.69*

FUNERAL DIRECTORS REGISTER.

Total Number to date, 181Funeral No. this year, 21

Date of Death, Sept 24 187 Color † Age 4 Years. 4 Months. Days.

Name of Deceased, Matilda Jepsen

Place of death, Los Angeles Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, P. Jepsen His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Columella Fever Duration,

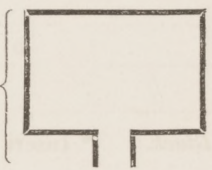
Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Smith

Place of burial, Los Angeles Cemetery, Will


Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by

Length of Casket, 3 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Cape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Less 10%

Amount of Bill, 13 50

Time of Services, A. M., P. M., Forward from last page, 1169

Amount forward to next page, 1182 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 182Funeral No. this year, 22

Date of Death, Sept 29th 1887 Color † Age 61 Years. 61 Months. 61 Days.

Name of Deceased, Henry Freudenstein

Place of death, San Antonio Street, Ward No.

Residence, St. Louis Sex, Single, Married,

Occupation, Merchant Wife of

Birth-place, Germany Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Apoplexy Duration,

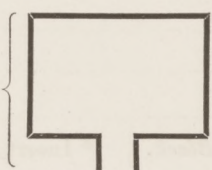
Cause of death, } Secondary, Duration,


Certifying Physician, Dr. Castleman P.F.

Place of burial, St. Louis Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Metallic Made by C & B

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, Grays Bill 6.00 Telegraphing 1.00

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paul

Amount of Bill, 23.1

Time of Services, A. M., P. M., Forward from last page, 112.2

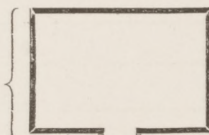
Amount forward to next page, 141.3

FUNERAL DIRECTORS REGISTER.


Total Number to date, 183

Funeral No. this year, 23

Date of Death, Oct - 3^d, 1887. Color †..... Age { Years.
Name of Deceased, Mrs Nancy Davisson. { Months.
Place of death, Near Lonsome. Street. Ward No. Days.
Residence, " Sex, Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Old Age. Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, Lonsome. Cemetery, Flat.
Date of burial, Oct 5. Section No. Lot No.
Funeral held at House, or Church.

Diagram of }
Burial Lot. } 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : ‡.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

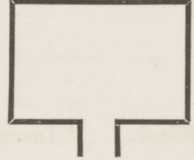
Casket or Coffin No. 17 Style, _____ Made by _____
Length of Casket, 5 Feet, 6 Inches. Width of Casket, Less Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid _____

..... Amount of Bill, 70
Time of Services, A. M., P. M., Forward from last page, 1413 50
..... Amount forward to next page, 1483 17

FUNERAL DIRECTORS REGISTER.

Total Number to date, 184

Funeral No. this year, 24

Date of Death, Oct 8th 18 87 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.
 Name of Deceased, Mary M Campbell
 Place of death, San Luis Rose Street. Ward No. _____
 Residence, Sonoma Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Cal. Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, Femoral trouble Duration, _____
 Certifying Physician, Dr Stewart
 Place of burial, Sonoma Cemetery, Hill
 Date of burial, Oct 11th Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

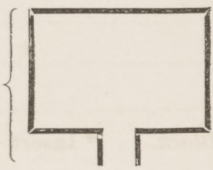

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 15
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1483

Amount forward to next page, 149850

FUNERAL DIRECTORS REGISTER.

Total Number to date, 185Funeral No. this year, 25

Date of Death, Nov 13th 1887 Color † Age 29 Years.
 Name of Deceased, Barbary Miller Months.
 Place of death, San Francisco Street. Ward No. _____ Days.
 Residence, " Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Sumner? Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, Sumner Cemetery, Hill
 Date of burial, Nov 16th Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by, _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 15
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1498 50
 Amount forward to next page, 1513 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 186

Funeral No. this year, 26

Date of Death, *Nov 29th* 18*87* Color † _____ Age { *87* Years. *30* Months. *30* Days.

Name of Deceased, *Mrs Peter J. Ireland*

Place of death, *Sumner* Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, *England* Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, *Old Age* Duration, _____

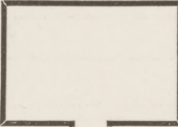
Cause of death, } Secondary, *Paralysis* Duration, _____

Certifying Physician, *Lamson*


Place of burial, *Hill* Cemetery, _____

Date of burial, *Dec 2^d* Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of }
Burial Lot. } 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>17</u>	Style, <u>P Mfg Co</u>	Made by <u>Six Plates</u>	68
Length of Casket, _____ Feet, _____ Inches.	Width of Casket, _____ Inches.		
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____			
Robe, Shroud, or Dress No. _____	Color, _____	Made by _____	
Lining No. _____	Color, _____	Handles No. _____	Plate No. _____
Time of Dressing, _____		Crape on door, _____	
Washing and laying out, _____		Shaving, _____	
Embalming, _____		Preserver and Ice, _____	
Hearse and _____	Carriages _____		10
_____ Carriage to call for _____	Time, _____		
_____ Carriage to call for _____	Time, _____		
_____ Carriage to call for _____	Time, _____		
Flowers, _____			
Use of _____ Folding Chairs, _____	Pair of Gloves, _____		
Personal attendance, _____	Porters or Help, _____		
Delivering Box to Cemetery, _____	Use of Pedestals or Pall, _____		150
Badges for Bearers, _____	Use of Candlesticks, _____		
Inserting death Notices in Papers, _____			
Bill to be charged to _____			
Date Bill was presented _____	Date Bill was paid <u>Paid</u>		
_____ Amount of Bill,			76 50
Time of Services, _____	A. M., _____	P. M., _____	Forward from last page, 1513 50
Amount forward to next page,			1590 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, *187*Funeral No. this year, *27*

Date of Death, *Dec 15* 18*7* Color *†* Age { *15* Years.
15 Months.
15 Days.

Name of Deceased, *Jas N. Waters*

Place of death, *San Francisco* Street. Ward No. _____

Residence, *Sonoma* Sex, _____ Single, _____ Married, _____

Occupation, *Printer* Wife of _____

Birth-place, *Maryland* Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, *Paralysis* Duration, _____

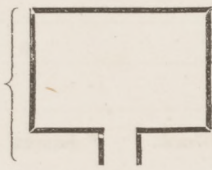
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, *D*

Place of burial, *Sonoma* Cemetery, *Hill*

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by, _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages *2 times*

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, *15*

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, *15-90*

Amount forward to next page, *1605*

FUNERAL DIRECTORS REGISTER.

Total Number to date, 288

Funeral No. this year, 28

Date of Death, Dec 21st 1887 Color † _____ Age { 63 Years. 8 Months. 23 Days.

Name of Deceased, P L P Emell

Place of death, Summer Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Painter Wife of _____

Birth-place, New York Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pneumonia Duration, _____

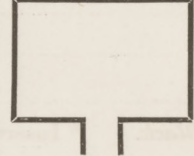
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Lawrence

Place of burial, Sam Hume co Cemetery, Long M

Date of burial, Dec 24th Section No. _____ Lot No. _____

Funeral held at House, or Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by P. Mfg Co

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, Station & C. H. House Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 89.03

Time of Services, _____ A. M., _____ P. M., Forward from last page, 16.55

Amount forward to next page, 105.58

FUNERAL DIRECTORS REGISTER.

Total Number to date, 189Funeral No. this year, 1

Date of Death, June 2d 1888 Color † Age 65 Years. 65 Months. 65 Days.

Name of Deceased, "Fred"

Place of death, New London Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Epilepsy Duration, _____

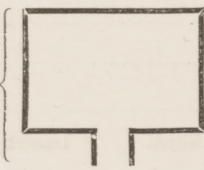
Cause of death, } Secondary, Exposure Duration, _____


Certifying Physician, Dr. Lumsden

Place of burial, London Cemetery, Field

Date of burial, June 3d Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by C. C. C.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, paid

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

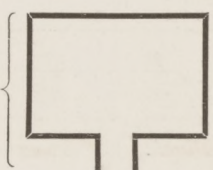
Amount of Bill, _____

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 190Funeral No. this year, 2

Date of Death, Jan 3d 1888 Color † _____ Age { 84 Years.
 Name of Deceased, Mark Forster _____ Months.
 _____ Days.
 Place of death, Sonoma Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farmer Wife of _____
 Birth-place, Conn. Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Pleuro Pneumonia Duration, Five Weeks
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Forster S. L. & Dr. Davis
 Place of burial, Sonoma Conn Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, Cream & B. Made by Wm. Platt
 Length of Casket, 5 Feet, 10 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Jan 19th 1888 2.00

 _____ Amount of Bill, 2.30
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1.50
 _____ Amount forward to next page, 24.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 191Funeral No. this year, 3

Date of Death, Jan 10 3-1888 Color † _____ Age { 42 Years.
2 Months.
2 Days.

Name of Deceased, Richard L. Pratt

Place of death, Somerset Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Scotland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

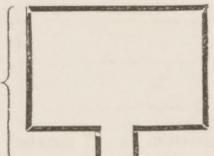
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence

Place of burial, Somerset Cemetery, Hill

Date of burial, Jan 13 1888 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 231 Style, _____ Made by P. M. Co. 75
-10

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, & Casket to House Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Pratt

Amount of Bill, 86

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 245
382

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 192.....

Funeral No. this year, 4

Date of Death, *June 16th* 18*88* Color *†* Age *71* Years.
Name of Deceased, *Lewis Linton* Months.
Place of death, *New London* Street. Ward No.
Residence, *Naples* Sex, Single, Married,
Occupation, *Lawyer* Wife of
Birth-place, *Conn.* Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, *Paralysis* Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, *Dr. Davis*
Place of burial, *London* Cemetery, *ill*
Date of burial, *June 18th* Section No. Lot No.
Funeral held at House, or Church,

† State whether *White* or *Black*. * Insert *Town* and *State*.

Diagram of }
Burial Lot. }

Put in the Diagram one mark like this I for every Grave in it. And mark *this* Burial with double dagger thus : †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

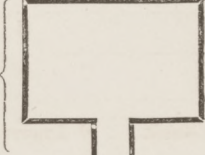
Casket or Coffin No. Style, *Crown* Made by *Dutton*
Length of Casket, *6* Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
..... Carriage to call for Time,
..... Carriage to call for Time,
..... Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid *Paid*

..... Amount of Bill,
Time of Services,..... A. M.,..... P. M.,..... Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 193Funeral No. this year, 5

Date of Death, June 16th 1898 Color † Age 76 Years.
 Name of Deceased, Mrs Caroline Graham Months.
 Place of death, near Loma Street. Ward No. _____ Days.
 Residence, " Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Germany Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Consumption Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, Loma Cemetery, Will
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Gilt Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, + Coffin to Home Use of Pedestals or Pall, Pall
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 36 50
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 459
House bid to incl. this funeral. 493 50

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 194Funeral No. this year, 6

Date of Death, June 30th 1888 Color † Age { 34 Years.
11 Months.
30 Days.

Name of Deceased, George Meyer

Place of death, San Antonio Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Wine merchant Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

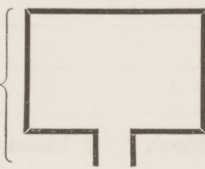
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence

Place of burial, San Antonio Cemetery, 1st

Date of burial, Feb 1st 1888 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by P. Caskel Co.

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

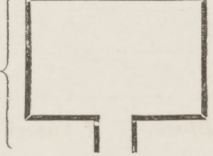
Amount of Bill, 39.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 49.50

Amount forward to next page, 534.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 195Funeral No. this year, 7

Date of Death, Feb 2d 1898 Color † Age { 32 Years.
10 Months.
14 Days.
 Name of Deceased, Attila F. Harrington
 Place of death, Sumner Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Trainer Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Lumsden
 Place of burial, _____ Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by P. Mfg Co
 Length of Casket, 6 Feet, _____ Inches. X Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Peril

Amount of Bill, 97
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 885
 Amount forward to next page, 632

FUNERAL DIRECTORS REGISTER.

Total Number to date, 196Funeral No. this year, 8

Date of Death, Feb 15th 1888 Color † Age 48 Years. 8 Months. 8 Days.

Name of Deceased, Mrs Laura Baciaghini

Place of death, New London Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Italy Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

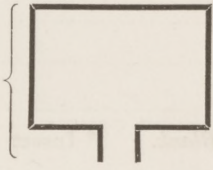
Cause of death, } Secondary, Dropsy Duration, _____

Certifying Physician, _____

Place of burial, London Cemetery, Catholics

Date of burial, Feb 17th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to 80 Paul

Date Bill was presented ✓ Date Bill was paid Paul

Armo

Amount of Bill, 40

Time of Services, _____ A. M., _____ P. M., Forward from last page, 632

Amount forward to next page, 672

FUNERAL DIRECTORS REGISTER.

Total Number to date,

Funeral No. this year,

Date of Death, Apr 18. Color † Age { 8 Years.
9 Months.
9 Days.

Name of Deceased, Inf Child O. Schettin

Place of death, Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Still born Duration,

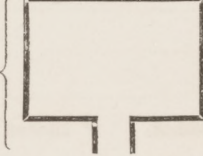
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

..... Carriage to call for Time,

..... Carriage to call for Time,

..... Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to Paid

Date Bill was presented Date Bill was paid

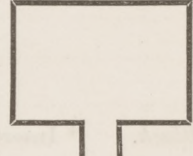
..... Amount of Bill, 8.5

Time of Services, A. M., P. M., Forward from last page, 672

..... Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 197Funeral No. this year, 9

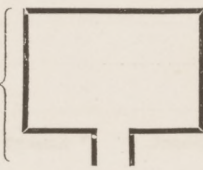

Date of Death, Apr 17 1888 Color † Age 8 Years. 2 Months. 0 Days.
 Name of Deceased, Inf child of - Perkins Leroy
 Place of death, San Francisco Street. Ward No.
 Residence, " Sex, " Single, " Married, "
 Occupation, " Wife of "
 Birth-place, San Francisco Widow of "
 Name of Father, " His Birth-place, * "
 Name of Mother, " Her Birth-place, * "
 Cause of death, } Primary, Infl of Bowels Duration, "
 Cause of death, } Secondary, " Duration, "
 Certifying Physician, Dr Davis
 Place of burial, " Cemetery, "
 Date of burial, Apr 18 Section No. " Lot No. "
 Funeral held at House, or " Church. "
 Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, " Made by "
 Length of Casket, 2 Feet, 9 Inches. Width of Casket, " Inches. 20
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, "
 Robe, Shroud, or Dress No. " Color, " Made by "
 Lining No. " Color, " Handles No. " Plate No. "
 Time of Dressing, " Crape on door, "
 Washing and laying out, " Shaving, "
 Embalming, " Preserver and Ice, "
 Hearse and " Carriages, "
 Carriage to call for " Time, "
 Carriage to call for " Time, "
 Carriage to call for " Time, "
 Flowers, "
 Use of " Folding Chairs, " Pair of Gloves, "
 Personal attendance, " Porters or Help, "
 Delivering Box to Cemetery, " Use of Pedestals or Pall, "
 Badges for Bearers, " Use of Candlesticks, "
 Inserting death Notices in Papers, "
 Bill to be charged to "
 Date Bill was presented " Date Bill was paid Paid
 Amount of Bill, 20
 Time of Services, " A. M., " P. M., " Forward from last page, 677
 Amount forward to next page, 697

FUNERAL DIRECTORS REGISTER.

Total Number to date, *198*Funeral No. this year, *10*

Date of Death, *Apr 25* 18 *88* Color † Age { Years.
 Name of Deceased, *G. Charles Cornilio* Months.
 Place of death, *New Sonoma* Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, *Carpenter* Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, *Will* Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. *1* Style, Made by,
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by,
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid *Paid*
 Amount of Bill,
 Time of Services, A. M., P. M., Forward from last page,
 Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 199Funeral No. this year, 11

Date of Death, May 4 3 18 88 Color † _____ Age { 28 Years. 2 Months. 16 Days.

Name of Deceased, Sta. Matheson

Place of death, San Francisco Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Los Angeles Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Alcohol disease of Duration, _____

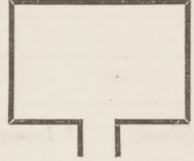

Cause of death, } Secondary, the heart Duration, _____

Certifying Physician, S. M. Munn

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 15

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 736

Amount forward to next page, 751

FUNERAL DIRECTORS REGISTER.

Total Number to date, 2100Funeral No. this year, 12

Date of Death, May 18th 1898 Color † _____ Age { 86 Years.
 Name of Deceased, Jacobine Johansson _____ Months.
 Place of death, New York Street, _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Prussia - Germany Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Consumption Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, D. Davis _____
 Place of burial, Hill Cemetery, _____
 Date of burial, May 20th Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church.

Diagram of }
Burial Lot. }Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus : †.Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, Rec casket Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid paid

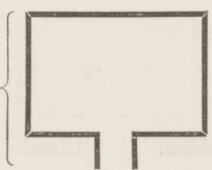
Amount of Bill, 80
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 751

Amount forward to next page, 831

FUNERAL DIRECTORS REGISTER.

Total Number to date, 201

Funeral No. this year, 13

Date of Death, May 30 188 Color † _____ Age { 59 Years.
 Name of Deceased, Valentine Hofer _____ Months.
 Place of death, Louisa Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Wheel right Wife of _____
 Birth-place, Penn Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Myocardia Pectoris Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Davis _____
 Place of burial, land Cemetery, _____
 Date of burial, June 1st Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Stein Made by _____
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 Carriage to call for _____ Time, _____
 Carriage to call for _____ Time, _____
 Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 12.00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 83.1
 Amount forward to next page, 95.1

FUNERAL DIRECTORS REGISTER.

Total Number to date, 202Funeral No. this year, 14

Date of Death, June 7th 1888 Color † Age 4 Years. 4 Months. 4 Days.

Name of Deceased, Chas Alfred Poppe

Place of death, Glen Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Glen Ellen Widow of _____

Name of Father, Chas J Poppe His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Diphtheria Duration, _____

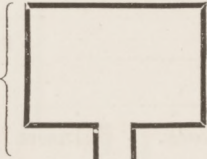
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, _____ Cemetery, _____

Date of burial, June 8 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 4 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, Only

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid paid

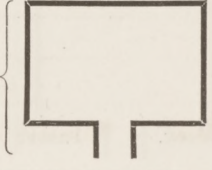
Amount of Bill, 49

Time of Services, _____ A. M., _____ P. M., Forward from last page, 98

Amount forward to next page, 100

FUNERAL DIRECTORS REGISTER.

Total Number to date, 203Funeral No. this year, 13

Date of Death, June 10 1888 Color † Age { 64 Years.
2 Months.
23 Days.
 Name of Deceased, Cornelia Rungstrom
 Place of death, Oakland Street. Ward No. _____
 Residence, Somerville Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, New York Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Cerebritis Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, Somerville Cemetery, Hill
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of }
 _____ Burial Lot. } 
 † State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 6
 Time of Services, _____ A. M., _____ P. M., Forward from last page, 1000

Amount forward to next page, 1006

FUNERAL DIRECTORS REGISTER.

Total Number to date, 204Funeral No. this year, 16

Date of Death, July 11 1888 Color † Age 6 Years. 6 Months. Days.

Name of Deceased, Wm E Elroy

Place of death, Rich Junction Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Lansdowne Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Pneumonia Duration,

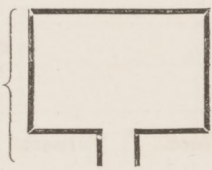
Cause of death, } Secondary, Duration,

Certifying Physician, Dr Davis

Place of burial, Junction Cemetery, Hill

Date of burial, July 12 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by

Length of Casket, 8 Feet, 9 Inches. Width of Casket, 20 Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 20

Time of Services, A. M., P. M., Forward from last page, 1006

Amount forward to next page, 1026

FUNERAL DIRECTORS REGISTER.

Total Number to date, 17Funeral No. this year, 205

Date of Death, July 15th 1888 Color † Age 95 Years. 95 Months. 95 Days.

Name of Deceased, Mr. Ellen E. Egan

Place of death, Enon Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, County Clare Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

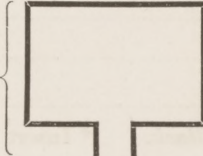
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, July 17th Cemetery, Catholic

Date of burial, Enon Section No. _____ Lot No. _____

Funeral held at House, or Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by Pac Casket Co.

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 75

Time of Services, _____ A. M., _____ P. M., Forward from last page, 10.26

Amount forward to next page, 110.1

FUNERAL DIRECTORS REGISTER.

Total Number to date, 18Funeral No. this year, 206

Date of Death, July 10 1888 Color † Age 68 Years. 68 Months. 68 Days.

Name of Deceased, J. H. Bruns

Place of death, Somerville Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Printer Wife of _____

Birth-place, N.S. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pneumonia Duration, _____

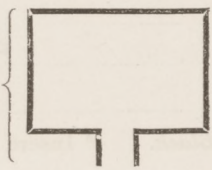
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Lawrence

Place of burial, Hill Cemetery, _____

Date of burial, July 17 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 200 Style, Cloth Made by Shaw

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

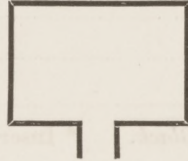
Amount of Bill, 120

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 110

Amount forward to next page, 122

FUNERAL DIRECTORS REGISTER.

Total Number to date, 207Funeral No. this year, 19

Date of Death, Aug 83 1888 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.
 Name of Deceased, Private
 Place of death, near Glen Ellen Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farmer Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Boyce
 Place of burial, hill Cemetery, _____
 Date of burial, Aug 93 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

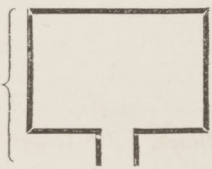
Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 12.21
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 18

Amount forward to next page, 1236

FUNERAL DIRECTORS REGISTER.

Total Number to date, 208Funeral No. this year, 210

Date of Death, Aug 18th 1888 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Paul Pioda
Place of death, New London Street. Ward No.
Residence, " Sex, Single, Married,
Occupation, Wife of
Birth-place, Cal Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Leukemia Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr Davis
Place of burial, Hill Cemetery,
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

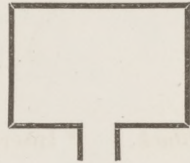

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 212 Style, Made by
Length of Casket, 2 Feet, 9 Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid
Amount of Bill,
Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page, 1258

FUNERAL DIRECTORS REGISTER.

Total Number to date, 209Funeral No. this year, 21

Date of Death, Aug 19th 1888 Color † _____ Age { 64 Years.
 Name of Deceased, Margaret Sears _____ Months.
 Place of death, Louisa Street. Ward No. _____ Days.
 Residence, in Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Kentucky, Calhoun Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Heart trouble Duration, _____
 Cause of death, } Secondary, Dropsy Duration, _____
 Certifying Physician, Dr Davis _____
 Place of burial, _____ Cemetery, _____
 Date of burial, Aug 21 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, 3 day Services _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 75
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1258

Amount forward to next page, 1330

FUNERAL DIRECTORS REGISTER.

Total Number to date, 210Funeral No. this year, 22

Date of Death, Aug 23 d 1888 Color † Age 3 Years. 3 Months. 3 Days.

Name of Deceased, Child Frank R. R. R.

Place of death, Green Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Green Ellen Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Cong of Lungs Duration, _____

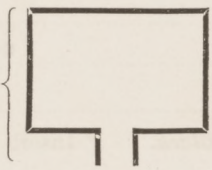
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 3 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 37 50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1333

Amount forward to next page, 1370 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 231Funeral No. this year, 23

Date of Death, Aug 26th 1888 Color † _____ Age { 20 Years.
11 Months.
11 Days.

Name of Deceased, C. Rosillas Cheney

Place of death, Southern Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Southern Widow of _____

Name of Father, J M Cheney His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

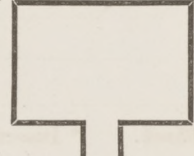
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, _____ Cemetery, _____

Date of burial, House Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for 2 3 _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid 20
30

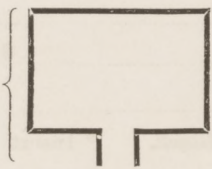
Amount of Bill, 70

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1370 50

Amount forward to next page, 1445 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 212Funeral No. this year, 24

Date of Death, Aug 28th 1898 Color † Age 33 Years.
 Name of Deceased, Regina Park Months.
 Place of death, Switzerland Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farm Hand Wife of _____
 Birth-place, Switzerland Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr. Lawrence
 Place of burial, Catholic Cemetery, _____
 Date of burial, Aug 30th Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)



Casket or Coffin No. 1 Style, _____ Made by, _____
 Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 40
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1445.50

Amount forward to next page, 1485.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 23Funeral No. this year, 213

Date of Death, Aug 18 Color † Age 1 Years.
 Name of Deceased, Lessie Willis Months.
 Place of death, Assay Col Street. Ward No. _____ Days.
 Residence, Suburban Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Suburban Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Heart trouble Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, _____ Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by, _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and 2 Wheeler Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, Chester _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Sept 14 1888

Amount of Bill, 21.25
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 14.85

Amount forward to next page, 150.675

FUNERAL DIRECTORS REGISTER.

Total Number to date, 26Funeral No. this year, 214

Date of Death, Aug 30 1888 Color † Age 45 Years. Months. Days.

Name of Deceased,

Place of death, Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Aug 30 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus:

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 15

Time of Services, A. M., P. M., Forward from last page, 1586 75

Amount forward to next page, 1521 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 213Funeral No. this year, 27

Date of Death, Sept - 4th 1888 Color † Age 7 { Years.
Months.
Days.

Name of Deceased, Louise Mercier

Place of death, Cherokee Street, Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, Louise Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, { Primary, Pneumonia Duration, "

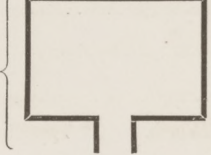
Cause of death, { Secondary, " Duration, "

Certifying Physician, Dr. Lawrence

Place of burial, Sept - 5 Cemetery, Catholic

Date of burial, " Section No. " Lot No. "

Funeral held at House, or " Church, "

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, " Made by "

Length of Casket, 4 Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid Sept 10 1888

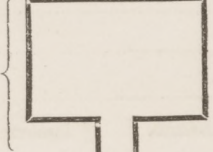
Amount of Bill, 43.50

Time of Services, " A. M., " P. M., " Forward from last page, 1521.75

Amount forward to next page, 1525.25

FUNERAL DIRECTORS REGISTER.

Total Number to date, 216Funeral No. this year, 28

Date of Death, Sept 11 1888 Color white Age 8 Years.
 Name of Deceased, Violinza Marcucci Months.
 Days.
 Place of death, Sonoma Street. Ward No.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Sonoma Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Cemetery, Catholic
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

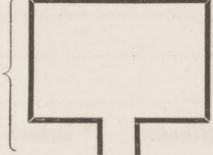
Casket or Coffin No. Style, Made by
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Sept 13 1888

Amount of Bill, 43.00
 Time of Services, A. M., P. M., Forward from last page, 1525-25

Amount forward to next page, 1408-25

FUNERAL DIRECTORS REGISTER.

Total Number to date, 217Funeral No. this year, 29

Date of Death, 18 88 Color † White Age { Years.
 Name of Deceased, Freel Bonhi Months.
 Place of death, Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
 Length of Casket, 3 Feet, Inches. Width of Casket, Inches. 800
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid

 Amount of Bill,
 Time of Services, A. M., P. M., Forward from last page, 160825
 Amount forward to next page, 161625

FUNERAL DIRECTORS REGISTER.

Total Number to date, 218Funeral No. this year, 30

Date of Death, Sept 24 1888 Color † Age { 2 Years.
Months.
Days.

Name of Deceased, Anella Mareuci

Place of death, _____ Street. Ward No. _____

Residence, Sanoma Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Sanoma Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

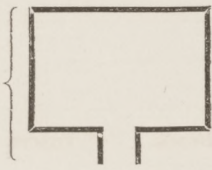
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

* Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Dec 6 1888

Amount of Bill, 25 00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 2 50

Amount forward to next page, 165 37 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 219Funeral No. this year, 31

Date of Death, Oct 10 1888 Color † Age 4 Years. Months. Days.

Name of Deceased, Rafael Marenci

Place of death, San Francisco Street. Ward No.

Residence, Sonoma Sex, Single, Married,

Occupation, Wife of

Birth-place, Sonoma Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

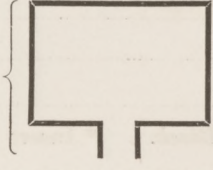
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Oct 11 Paid

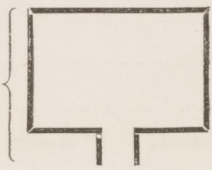
Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,


10 00

14 00
16 33 75
16 63 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 220Funeral No. this year, 32Date of Death, Nov 22 d 1888 Color † Age 62 Years.Name of Deceased, Jas L Patton Months.Place of death, Los Angeles Street. Ward No. Days.Residence, " Sex, Single, Married, Occupation, Farmer Wife of Birth-place, Missouri Widow of Name of Father, His Birth-place, * Name of Mother, Her Birth-place, * Cause of death, } Primary, Heart Disease Duration, Cause of death, } Secondary, Duration, Certifying Physician, ✓Place of burial, Full Cemetery, Date of burial, Oct 23 Section No. Lot No. Funeral held at House, or ✓ Church. Diagram of Burial Lot. 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by, Length of Casket, Feet, Inches. Width of Casket, Inches.Box, Pine, Chestnut, Oak, Cedar or Mahogany, Robe, Shroud, or Dress No. Color, Made by, Lining No. Color, Handles No. Plate No. Time of Dressing, Crape on door, Washing and laying out, Shaving, Embalming, Preserver and Ice, Hearse and Carriages Carriage to call for Time, Carriage to call for Time, Carriage to call for Time, Flowers, Use of Folding Chairs, Pair of Gloves, Personal attendance, Porters or Help, Delivering Box to Cemetery, Use of Pedestals or Pall, Badges for Bearers, Use of Candlesticks, Inserting death Notices in Papers, Bill to be charged to Date Bill was presented Date Bill was paid Cash 20⁰⁰Amount of Bill, 55Time of Services, A. M., P. M., Forward from last page, 166.375Amount forward to next page, 1718.75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 221

Funeral No. this year, 33

Date of Death, Nov 17 1888 Color † Age { Years. Months. Days. Name of Deceased, Susan Place of death, Sonoma Street, Ward No. Residence, Sex, Single, Married, Occupation, Wife of Birth-place, Cal Widow of Name of Father, His Birth-place, * Name of Mother, Her Birth-place, * Cause of death, } Primary, Consumption Duration, Cause of death, } Secondary, Duration, Certifying Physician, Place of burial, Cemetery, Date of burial, Section No. Lot No. Funeral held at House, or Church. Diagram of Burial Lot. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □ † State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 112 Style, Made by Length of Casket, 5 Feet, 6 Inches. Width of Casket, 15 Inches. Box, Pine, Chestnut, Oak, Cedar or Mahogany, Robe, Shroud, or Dress No. Color, Made by Lining No. Color, Handles No. Plate No. Time of Dressing, Crape on door, Washing and laying out, Shaving, Embalming, Preserver and Ice, Hearse and Carriages Carriage to call for Time, Carriage to call for Time, Carriage to call for Time, Flowers, Use of Folding Chairs, Pair of Gloves, Personal attendance, Porters or Help, Delivering Box to Cemetery, Use of Pedestals or Pall, Badges for Bearers, Use of Candlesticks, Inserting death Notices in Papers, Bill to be charged to, Date Bill was presented, Date Bill was paid, Amount of Bill, 35 Time of Services, A. M., P. M., Forward from last page, 1718 75

Amount forward to next page,

1753 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 222Funeral No. this year, 34

Date of Death, Dec 6th 1888 Color † Age { Years.
 Months.
 Days.

Name of Deceased, Henry Smith

Place of death, Elm Street Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Rail R Road Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

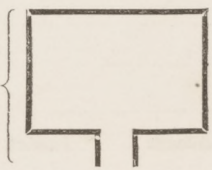
Cause of death, } Secondary, Duration,

Certifying Physician,

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

 Carriage to call for Time,

 Carriage to call for Time,

 Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Paid

Amount of Bill, 15

Time of Services, A. M., P. M., Forward from last page, 1753 75

Amount forward to next page, 1768 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 223

Funeral No. this year, 33

Date of Death, Dec 9 1898 Color † Age { 47 Years. Months. Days.

Name of Deceased, Jane E. Swift

Place of death, Lewis & Clark Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Disease of Liver Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, C. J. Patton

Place of burial, Cemetery,

Date of burial, Dec 11 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: []

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 10

Time of Services, A. M., P. M., Forward from last page, 1768 75

Amount forward to next page, 1778 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 224Funeral No. this year, 36

Date of Death, Dec 21st 1888 Color † Age 87 Years. 8 Months. 8 Days.

Name of Deceased, Mrs. M. Bann

Place of death, Sumner Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Old age Duration, _____

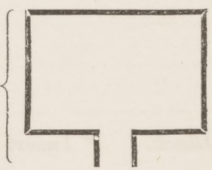
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Hill Cemetery, _____

Date of burial, Dec 23 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 5 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid


Amount of Bill, 90

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1778 75

Amount forward to next page, 1868 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 37225Funeral No. this year, 37

Date of Death, Dec 24 3 1888 Color † Age { 2 Years.
2 Months.
 Days.
Name of Deceased, W. C. Green Jr
Place of death, Sumner Street. Ward No.
Residence, " Sex, Single, Married,
Occupation, Wife of
Birth-place, Sumner Widow of
Name of Father, W. C. Green His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Cong of Lungs Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Lawrence
Place of burial, Catholic Cemetery,
Date of burial, Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by
Length of Casket, 2 Feet, 3 Inches. Width of Casket, Inches. 20
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by 3
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages And Pickups \$3.00 3
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid
Amount of Bill, 26
Time of Services, A. M., P. M., Forward from last page, 1868 75
Amount forward to next page, 1890 75

FUNERAL DIRECTORS REGISTER.

Total Number to date, 226Funeral No. this year, 38

Date of Death, Dec 24 3 1898 Color † Age 10 Years. 10 Months. 10 Days.

Name of Deceased, Loe Anna Penning

Place of death, Agua Caliente Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Porterbury, Agua Widow of _____

Name of Father, Diebold His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Jamulice Duration, _____

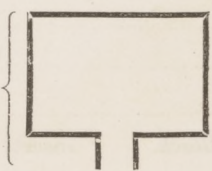
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, Sunoma Cemetery, Hill

Date of burial, Dec 26 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 5 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to Geo Diebold

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, _____

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 227

Funeral No. this year,

Date of Death, 18 Color † Age { Years.
 Name of Deceased Months.
 Days.

Place of death,.....Street. *Ward No.*.....

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father,.....His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death,) Primary,..... Duration,.....

Cause of death, } Secondary,..... Duration,.....

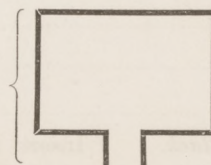
Certifying Physician,

Place of burial, Cemetery,


Date of burial, Section No. Lot No.

Funeral held at House, or.....Church.

Diagram of }



Put in the Diagram one mark like this I for every Grave in it. And mark *this* Burial with double dagger thus : †.

Designate site of Monument thus: 

† State whether *White* or *Black*. * Insert *Town* and *State*.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by,

Length of Casket,.....Feet,.....Inches. Width of Casket,.....Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,.....

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out,..... Shaving,.....

Embalming,.....Preserver and Ice,.....

Hearse and..... Carriages.....

..... Carriage to call for Time,

..... Carriage to call for..... Time,

..... Carriage to call for..... Time,

Flowers,

Use of.....Folding Chairs,.....Pair of Gloves,.....

Personal attendance,..... Porters or Help,.....

Delivering Box to Cemetery,..... Use of Pedestals or Pall.

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to.....

Date Bill was presented..... Date Bill was paid.....

Time of Services,..... A. M. P. M. Forward from last

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 228Funeral No. this year, 2

Date of Death, June 24th 1889 Color † Age { 68 Years.
11 Months.
2 Days.

Name of Deceased, William Elbridge

Place of death, Sonoma Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Carpenter Wife of _____

Birth-place, Sweden Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Heart Trouble Duration, _____

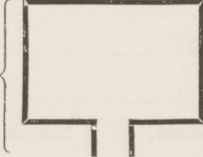
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 1/2 Style, _____ Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages Opening Grave

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 12

Amount forward to next page, 62

FUNERAL DIRECTORS REGISTER.

Total Number to date, 229Funeral No. this year, 3

Date of Death, March 7th 1889 Color † Age 75 { Years.
Months.
Days.

Name of Deceased, Mrs. Ellis

Place of death, Haywards Street. Ward No. _____

Residence, San Francisco Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

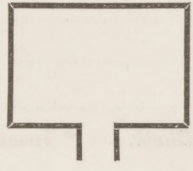
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, Pall

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Feb 5 - 1890 15.00

Amount of Bill, 15

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 62

Amount forward to next page, 77

FUNERAL DIRECTORS REGISTER.

Total Number to date, 230Funeral No. this year, 4

Date of Death, Apr 12 1899 Color † Age { Not Years.
Known Months.
Known Days.

Name of Deceased, Not Known

Place of death, Sheppards Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Natural Duration, _____

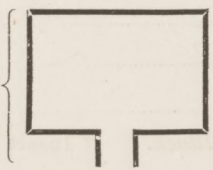
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Cramer

Place of burial, Forumer Cemetery, Filat


Date of burial, Apr 13 - 99 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by Cramer

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Amount of Bill, 18

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 77

Amount forward to next page, 92

FUNERAL DIRECTORS REGISTER.

Total Number to date, 231

Funeral No. this year, 5

Date of Death, May 11th 1889 Color † Age { 31 Years.
Name of Deceased, Flavie Robin Months.
Place of death, Sonoma Street. Ward No. Days.
Residence, " Sex, Single, Married,
Occupation, Wife of
Birth-place, Sonoma Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician,
Place of burial, Sonoma Cemetery,
Date of burial, May 13 Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

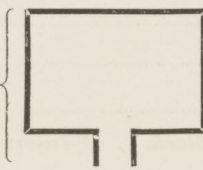

Casket or Coffin No. 17 Style, Made by
Length of Casket, 5 Feet, 9 Inches. Width of Casket, 60 Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, 5
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages, 10
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid Phil

Time of Services, A. M., P. M., Forward from last page, 75
Amount of Bill, 65
Less \$10.00, 92

Amount forward to next page, 157

FUNERAL DIRECTORS REGISTER.

Total Number to date, 8232Funeral No. this year, 26

Date of Death, July 1st 1889 Color † Age { Years.
 Name of Deceased, Joe Pecker Months.
 Place of death, Mrs. C. C. C. Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Wood chopper Wife of
 Birth-place, Germany Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Killed Duration,
 Cause of death, } Secondary, Shot through head Duration,
 Certifying Physician, Dr. Davis
 Place of burial, Flat Cemetery,
 Date of burial, July 2d Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by C. C. C. 15
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Paid

Amount of Bill, 15
 Time of Services, A. M., P. M., Forward from last page, 157

Amount forward to next page, 172

FUNERAL DIRECTORS REGISTER.

Total Number to date, 233Funeral No. this year, 7

Date of Death, July 3^d 1889 Color † Age 2 Years. 2 Months. 10 Days.

Name of Deceased, Daughter of Peter Kuhn

Place of death, Home Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, San Francisco Cal Widow of _____

Name of Father, Peter Kuhn His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Diphtheria Duration, _____

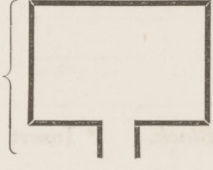
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, Home Cemetery, Home

Date of burial, July 4th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 3 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, Ice

Hearse and _____ Carriages _____

Carriage to call for Removing body to home Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paul July 5th 89

Amount of Bill, 35

Time of Services, _____ A. M., _____ P. M., Forward from last page, 172

Amount forward to next page, 207

FUNERAL DIRECTORS REGISTER.

Total Number to date, 234Funeral No. this year, 8

Date of Death, July 6th 1889 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.

Name of Deceased, Chas Ceresa

Place of death, Sanoma Street, _____ Ward No. _____

Residence, San Luis Co Sex, _____ Single, _____ Married, _____

Occupation, Saloon keeper Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Consumption Duration, _____

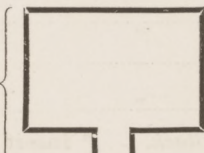
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Lawrence C. Corcoran

Place of burial, San Luis Co Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether *White* or *Black*. * Insert *Town* and *State*. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Paid

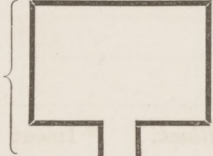
Amount of Bill, 80

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 297

Amount forward to next page, 287

FUNERAL DIRECTORS REGISTER.

Total Number to date, 235Funeral No. this year, 9

Date of Death, 18 Color † Age { Years.
 Name of Deceased, Infant Child of Mrs. McMillan Months.
 Place of death, Street. Ward No.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Widow of
 Name of Father, Alex. McMillan His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

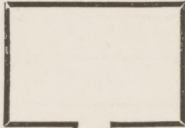


ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by,
 Length of Casket, Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by,
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Oct 10
 Paid 2
 Amount of Bill, 18
 Time of Services, A. M., P. M., Forward from last page, 287
 Amount forward to next page, 297

FUNERAL DIRECTORS REGISTER.

Total Number to date, 236

Funeral No. this year, 10

Date of Death, *July 25th 1889* Color † _____ Age { *52* Years.
Name of Deceased, *Mrs Jas Gamble* _____ Months.
Place of death, *"Hildwood" Glen Ellen* Street. Ward No. _____
Residence, *Oakland* Sex, _____ Single, _____ Married, _____
Occupation, _____ Wife of _____
Birth-place, *Ill.* _____ Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, *Consumption* Duration, _____
Cause of death, } Secondary, _____ Duration, _____
Certifying Physician, *Dr Lawrence* _____
Place of burial, *Oakland* Cemetery, _____
Date of burial, _____ Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
_____ Diagram of } 
_____ Burial Lot. } 
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

(Cross out items not furnished.)

Casket or Coffin No. 1 Style, Shipping Made by Shipping
Length of Casket, Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid

Paid

Pair

..... Amount of Bill,
Time of Services,..... A. M.,..... P. M.,..... Forward from last page.

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 237Funeral No. this year, 11

Date of Death, Aug 2d 18 89 Color † Age 7 Years. 1 Months. 1 Days.

Name of Deceased, Nelson

Place of death, Sumner Street. Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, " Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, " Duration, "

Cause of death, } Secondary, " Duration, "

Certifying Physician, Dr Davis

Place of burial, " Cemetery, "

Date of burial, " Section No. " Lot No. "

Funeral held at House, or " Church. "

Diagram of Burial Lot. "

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this ■ for every Grave in it. And mark this Burial with double dagger thus: ‡.

Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, " Made by "

Length of Casket, " Feet, " Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by Carriage

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Cape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid "

Amount of Bill, 20

Time of Services, " A. M., " P. M., " Forward from last page, 332

Amount forward to next page, 352

FUNERAL DIRECTORS REGISTER.

Total Number to date, 238Funeral No. this year, 12

Date of Death, Aug 20th 1894 Color † Age 63 Years. 6 Months. 12 Days.

Name of Deceased, Frederick Dubois

Place of death, Louisa Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Merchant Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Paralysis of the Heart Duration, _____

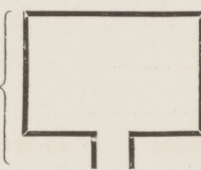
Cause of death, } Secondary, _____

Certifying Physician, Cover

Place of burial, Mountain Cemetery, Pauls

Date of burial, Aug 23^d Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>15</u>	Style, _____	Made by <u>C. A. B.</u>	
Length of Casket, <u>6</u> Feet, _____ Inches.		Width of Casket, _____ Inches.	<u>250</u>
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____			<u>5</u>
Robe, Shroud, or Dress No. _____	Color, _____	Made by _____	
Lining No. _____	Color, _____	Handles No. _____	<u>5</u>
Time of Dressing, _____	Crape on door, _____		
Washing and laying out, _____	Shaving, _____		
Embalming, _____	Preserver and Ice, _____		<u>80</u>
Hearse and _____	Carriages _____		<u>10</u>
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Flowers, <u>Opening fence & Closing same</u>			<u>1 00</u>
Use of _____	Folding Chairs, _____	Pair of Gloves, <u>Cleaning Vault</u>	<u>1 00</u>
Personal attendance, _____	Porters or Help, _____		
Delivering Box to Cemetery, _____	Use of Pedestals or Pall, _____		
Badges for Bearers, _____	Use of Candlesticks, <u>Belgium 53</u>		<u>55</u>
Inserting death Notices in Papers, <u>Geo. L. L. notifying Pall Bearers</u>			<u>1 50</u>
Bill to be charged to <u>Cheney Box Co - Cemetery</u>			<u>50</u>
Date Bill was presented _____	Date Bill was paid <u>July 14 300 00</u>		
Amount of Bill, <u>354 05</u>			
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, <u>352</u>			
Amount forward to next page, <u>706</u>			

FUNERAL DIRECTORS REGISTER.

Total Number to date, 239Funeral No. this year, 13

Date of Death, Sept 29th 1889 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Helene Plage
Place of death, Dressel Ranch Street. Ward No.
Residence, " Sex, Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Pleurisy Duration,
Cause of death, } Secondary, Pneumonia Duration,
Certifying Physician, Dr. Davis
Place of burial, Dressel Ranch Cemetery,
Date of burial, Oct 1st Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by
Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages Delivering Coffin & Hearse
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid

Amount of Bill, 49
Time of Services, A. M., P. M., Forward from last page, 70.6
Amount forward to next page, 75.5

FUNERAL DIRECTORS REGISTER.

Total Number to date, 240Funeral No. this year, 14

Date of Death, Oct-20th 1899 Color † Age 4 Years. 6 Months. Days.

Name of Deceased, Verna Ehrlich

Place of death, Somerset Street. Ward No.

Residence, " Sex, Single, Married

Occupation, Wife of

Birth-place, Somerset Widow of

Name of Father, F. Ehrlich His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Perforated Ovarian Cyst Duration,

Cause of death, } Secondary, Spasms of Brain & Spinal Cord Duration,

Certifying Physician, Dr. Tance

Place of burial, Hill Cemetery,

Date of burial, Oct-23 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by

Length of Casket, 3 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, Permit

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, Paid

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 57

Time of Services, A. M., P. M., Forward from last page, 75-5

Amount forward to next page, 806

FUNERAL DIRECTORS REGISTER.

Total Number to date, 241Funeral No. this year, 15

Date of Death, Oct 22d 1884 Color † Age 40 Years. 5 Months. 17 Days.

Name of Deceased, Louis Hyatt

Place of death, Sumner Street. Ward No. _____

Residence, " Sex, Male Single. Married, _____

Occupation, Harness maker Wife of _____

Birth-place, Baden, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Chronic internal diseases, especially Phthisis Duration, _____

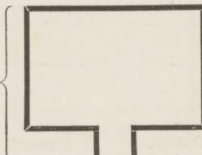

Cause of death, } Secondary, respiratory failure Duration, _____

Certifying Physician, W. L. Vance

Place of burial, Mountain Cemetery, _____

Date of burial, Oct 24 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____

Length of Casket, 6 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, Permit

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, Cash 20.00

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented Money Date Bill was paid Paid

Amount of Bill, 76

Time of Services, _____ A. M., _____ P. M., Forward from last page, 8.00

Amount forward to next page, 892

FUNERAL DIRECTORS REGISTER.

Total Number to date, 242

Funeral No. this year, 16

Date of Death, Aug 9 3rd 1884 Color † Age { Years.
Name of Deceased, Frank Smith Months.
Place of death, Glen Ellen Street Days.
Residence, Sex, Single, Married, Ward No.
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Killed by Cars Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Coroner
Place of burial, Cemetery, Pilat
Date of burial, Section No. Lot No.
Funeral held at House, or Church.

Diagram of } Put in the Diagram one mark like
Burial Lot. } this I for every Grave in it. And mark
this Burial with double dagger thus : ‡.

† State whether White or Black. * Insert Town and State.

Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. *China* Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

..... Carriage to call for Time,

..... Carriage to call for Time,

..... Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Paid

..... Amount of Bill,
Time of Services,..... A. M.,..... P. M.,..... Forward from last page

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 243Funeral No. this year, 17

Date of Death, Nov 15 18 84 Color † Age 2 Years. 2 Months. Days.

Name of Deceased, Marguerite Bacialupi

Place of death, St. James Street. Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, Louisa Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Congestive heart Duration, disease

Cause of death, } Secondary, General Dropsy Duration, "

Certifying Physician, W. K. Vance

Place of burial, Louisa Cemetery, Catholic

Date of burial, Nov 17 Section No. Lot No.

Funeral held at House, or " Church. "

Diagram of Burial Lot.

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: ‡.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, " Made by "

Length of Casket, 3 Feet, 3 Inches. Width of Casket, " Inches. 15

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid paid



Amount of Bill, 15

Time of Services, " A. M., " P. M., " Forward from last page, 907

Amount forward to next page, 922

FUNERAL DIRECTORS REGISTER.

Total Number to date, 244Funeral No. this year, 18

Date of Death, Mar 16 1884 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Paul Keller
Place of death, San Francisco Street, Ward No.
Residence, Sex, Single, Married,
Occupation, Laborer Wife of
Birth-place, Germany Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, { Primary, Carbolic Acid Duration,
Cause of death, { Secondary, Duration,
Certifying Physician, T. E. Taylor
Place of burial, Mountain View Cemetery, Sanoma
Date of burial, Mar 18 Section No. Lot No.
Funeral held at House, or 700 J Hall Church,
Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
Length of Casket, Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and 2 hires Carriages
 Carriage to call for Time, Certificates
 Carriage to call for Time,
 Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid

Amount of Bill, 18
Time of Services, A. M., P. M., Forward from last page, 922
Amount forward to next page, 940

FUNERAL DIRECTORS REGISTER.

Total Number to date, 245Funeral No. this year, 19

Date of Death, Nov 22^d 18____ Color †____ Age { 3 Years.
6 Months.
6 Days.

Name of Deceased, Robert D Howe

Place of death, Sonoma Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Sonoma Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, General Debility & Duration, acute inflammation of throat

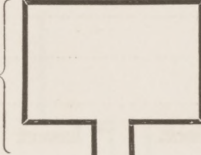
Cause of death, } Secondary, pusious exhaustion Duration, _____

Certifying Physician, Dr H Vance

Place of burial, San Francisco Cemetery, Laurel Hill

Date of burial, Nov 24 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 12 Style, Thin Made by _____

Length of Casket, 3 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Engraved

Time of Dressing, _____ Crape on door, a

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 1

Carriage to call for _____ Time, Longer

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, Expenses Telegraphing 2.80

Use of _____ Folding Chairs, _____ Pair of Gloves, Expenses 1.50

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid

Time of Services, _____ A. M., _____ P. M., _____

Amount of Bill, 119

Forward from last page, 840

Amount forward to next page, 1009

FUNERAL DIRECTORS REGISTER.

Total Number to date, 246Funeral No. this year, 20

Date of Death, Dec 20th 1889 Color † Age 39 Years. 2 Months. 2 Days.

Name of Deceased, John Hamilton Hammond

Place of death, Glen Ellen Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Vineyardist Wife of _____

Birth-place, Humboldt Island Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Hunt Disease Duration, _____

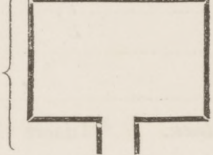
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, Sancti Rosu Cemetery, _____

Date of burial, Dec 24th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>17</u>	Style, _____	Made by _____	
Length of Casket, <u>6</u> Feet, <u>0</u> Inches.	Width of Casket, _____	Inches.	<u>65</u>
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____			<u>5</u>
Robe, Shroud, or Dress No. _____	Color, _____	Made by _____	<u>10</u>
Lining No. _____	Color, _____	Handles No. _____	<u>5</u>
Time of Dressing, _____	Crape on door, <u>Express</u>	Plate No. _____	<u>5</u>
Washing and laying out, _____	Shaving, _____		<u>20</u>
Embalming, <u>2 trips</u>	Preserver and Ice, _____		<u>35</u>
Hearse and _____	Carriages, <u>Telephone</u>		
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Carriage to call for _____	Time, _____		
Flowers, _____	<u>Accompanying</u>		
Use of _____	Folding Chairs, _____	Pair of Gloves, <u>2</u>	<u>1 50</u>
Personal attendance, _____	Porters or Help, _____		<u>3</u>
Delivering Box to Cemetery, <u>Casket to House</u>	Use of Pedestals or Pall, _____		<u>1 75</u>
Badges for Bearers, _____	Use of Candlesticks, _____		
Inserting death Notices in Papers, _____			
Bill to be charged to _____			
Date Bill was presented _____	Date Bill was paid <u>Davis Bill</u>		<u>26 50</u>
<u>Trunk</u>	<u>Accompanying Body to Sanitation</u>		<u>5</u>
		Amount of Bill,	
Time of Services, _____	A. M., _____	P. M., _____	
		Forward from last page,	
		Amount forward to next page,	

FUNERAL DIRECTORS REGISTER.

Total Number to date, 247Funeral No. this year, 21

Date of Death, Dec 25th 1884 Color † Age { 92 Years.
1 Months.
15 Days.

Name of Deceased, Mrs Harriet Leonard

Place of death, Glen Ellen Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Kentucky Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Old Age Duration, _____

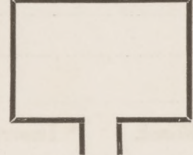
Cause of death, } Secondary, Hurt from fall Duration, _____

Certifying Physician, D. Davis

Place of burial, Mt. Hope Cemetery, _____

Date of burial, Dec 28th Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Cash 13⁰⁰

_____ "5"

_____ Nov 28/91 10

_____ Dec 14/91 5

_____ Amount of Bill, 57 50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 248

Funeral No. this year, 22.

Date of Death, Dec 24 1894 Color † Age { 25 Years. 16 Months. 16 Days.

Name of Deceased, Otto Smilich

Place of death, New Francisco Street. Ward No.

Residence, Mountain View Sex, Single, Married,

Occupation, Farmer Wife of

Birth-place, Cal. Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Typhoid Fever Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Wilhelm V. Regenkemper

Place of burial, Cemetery,

Date of burial, Dec 27 Section No. Lot No.

Funeral held at House, or Out fellow House Church.

Diagram of Burial Lot. { Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: □

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall, Cost-

Badges for Bearers, Use of Candlesticks, Paid

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 13

Time of Services, A. M., P. M., Forward from last page,

Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 249Funeral No. this year, 1

Date of Death, July 7 1890 Color † Age { 84 Years.
2 Months.
2 Days.

Name of Deceased, Joseph Emory Brockman

Place of death, High Elm Eden Street Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, Farmer Wife of "

Birth-place, Kentucky Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, " Duration, "

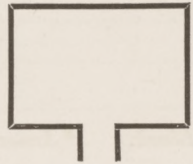
Cause of death, } Secondary, " Duration, "


Certifying Physician, Dr. Davis

Place of burial, Flat Cemetery, "

Date of burial, July 8 Section No. " Lot No. "

Funeral held at House, or " Church, "

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, " Made by, "

Length of Casket, 6 Feet, 0 Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by, "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid Paid

Amount of Bill, 37 50

Time of Services, " A. M., " P. M., " Forward from last page, "

Amount forward to next page, "

FUNERAL DIRECTORS REGISTER.

Total Number to date, 250Funeral No. this year, 2

Date of Death, July 18th 1890 Color † Age 81 Years. 6 Months. 11 Days.

Name of Deceased, Mariano Guadalupe Vallejo

Place of death, Sonoma Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Retired Gentleman Wife of _____

Birth-place, Monterey Cal Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Old Age Duration, _____

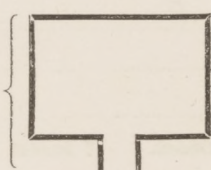


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Vallejo

Place of burial, Sonoma Cemetery, _____

Date of burial, Sept 21 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of
Burial Lot. Put in the Diagram one mark like
this  for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 16 Style, CTB Made by _____

Length of Casket, 6 Feet, 3 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. Eng.

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, 9 yds. Crape 75^c

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, Platform in Vault & Chg

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Heins Delivery Casket to house

Time of Services, _____ A. M., _____ P. M., _____

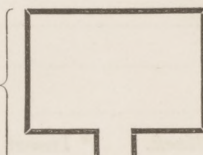

Amount of Bill, 283 75

Forward from last page, 37 50

Amount forward to next page, 311 25

FUNERAL DIRECTORS REGISTER.

Total Number to date, 251Funeral No. this year, 3

Date of Death, July 24th 1890 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Joseph Sullivan
Place of death, Glen Ellen Street. Ward No.
Residence, Sex, Single, Married,
Occupation, Blacksmith Wife of
Birth-place, Cork Ireland Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Drowned Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Crown
Place of burial, Sanoma Cemetery, Catholic
Date of burial, Jun 27th Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by
Length of Casket, 6 Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid Dec 5 1890
58 75
311 25
Amount of Bill, 58 75
Time of Services, A. M., P. M., Forward from last page, 311 25
Amount forward to next page, 360

FUNERAL DIRECTORS REGISTER.

Total Number to date, 252Funeral No. this year, 4

Date of Death, Feb 8 1890 Color † Age 64 Years. Months. Days.

Name of Deceased, David C. Raper

Place of death, Agnew Rayburn Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Missouri Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Apoplexy Duration, _____

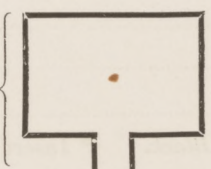
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Hatch

Place of burial, Sumner Cemetery, Mountain View

Date of burial, Feb 10 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and Carriages 2 Wines

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, Certificate

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Carriage

Paid

Amount of Bill, 21.50

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 3.60

Amount forward to next page, 48.10

FUNERAL DIRECTORS REGISTER.

Total Number to date, 253Funeral No. this year, 5

Date of Death, Feb 15 1890 Color † Age 22 Years. — Months. — Days.

Name of Deceased, Emilia Hoti.

Place of death, Sonoma Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Italy Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Acute Bronchitis Duration, _____

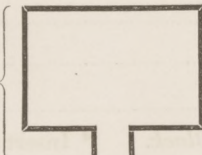


Cause of death, } Secondary, Nervous Prostration Duration, _____

Certifying Physician, Dr. K. Vance

Place of burial, Sonoma Cemetery, Catholic

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Feb

(Cherry)

Amount of Bill, 45

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 481

Amount forward to next page, 526

FUNERAL DIRECTORS REGISTER.

Total Number to date, 254Funeral No. this year, 6

Date of Death, Feb 1905 1890 Color † _____ Age { 58 Years.
 _____ Months.
 _____ Days.

Name of Deceased, Lee Lung

Place of death, London Street. _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Laborer Wife of _____

Birth-place, China Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Paralysis Duration, _____

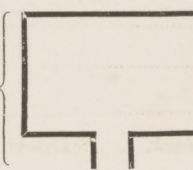
Cause of death, } Secondary, Heart Failure Duration, _____

Certifying Physician, Dr. Fance

Place of burial, Hill Cemetery, _____

Date of burial, Feb 20 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. X Style, Chinese Made by _____

Length of Casket, 6 Feet, 3 Inches. Width of Casket, _____ Inches. 38

Box, Pine, Chestnut, Oak, Cedar or Mahogany, Contract

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, Wrens

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Paid

Amount of Bill, 38

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 526

Amount forward to next page, 564

FUNERAL DIRECTORS REGISTER.

Total Number to date, 255Funeral No. this year, 7

Date of Death, Feb 21st 1890 Color † Age 68 Years. 2 Months. 28 Days.

Name of Deceased, Perez Douglas

Place of death, San Juan Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Carpenter Wife of _____

Birth-place, Machias Maine Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, uronic pleurisy Duration, _____

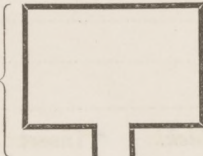
Cause of death, } Secondary, acute bronchitis Duration, _____

Certifying Physician, Dr Vance

Place of burial, San Juan Cemetery, Mountain


Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 197 Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, Permit

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, Herayage

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid March 14 1891 Paid 7.00

Perms V Settled 15 days Apr 29 Paid 15.00

1891 Feb 20 By cash 10.00

Apr 20 " " 10.00

Mar 3 " " 15.00

Apr 20 " " 15.00

Amount of Bill, 92.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, 564

FUNERAL DIRECTORS REGISTER.

Total Number to date, 256Funeral No. this year, 8

Date of Death, Feb 22 d 1890 Color † Age 22 Years. 10 Months. Days.

Name of Deceased, Henry Lueb

Place of death, Switzerland Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Line Manufacturer Wife of

Birth-place, Switzerland Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr Davis

Place of burial, Switzerland Cemetery, Mountain

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot.

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

Designate site of Monument thus: **□**

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 1/2 Style, Made by

Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, Permit

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Amount of Bill, 56

Time of Services, A. M., P. M., Forward from last page, 6576

Amount forward to next page, 712

FUNERAL DIRECTORS REGISTER.

Total Number to date, 257Funeral No. this year, 9

Date of Death, Feb 26th 1890 Color † Age 58 Years. 11 Months. 7 Days.

Name of Deceased, Patrick Monahan

Place of death, Sumner Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Ireland Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Acute Bronchitis Duration, _____

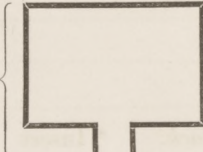


Cause of death, } Secondary, Gen. Debility Duration, _____

Certifying Physician, _____

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, _____ Made by _____

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 90

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 712

Amount forward to next page, 802

FUNERAL DIRECTORS REGISTER.

Total Number to date, 258Funeral No. this year, 10

Date of Death, Apr 8 1895 Color † Age { 63 Years.
11 Months.
 Days.

Name of Deceased, Jarvis St. Amund

Place of death, Sonoma Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Housewife Wife of

Birth-place, Kentucky Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Cancer of the Bowels Duration,

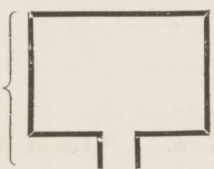
Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Davis


Place of burial, Sonoma Cemetery, Mountain

Date of burial, Apr 10 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡.
 Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 5 Style, 9 Made by

Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Paid

Amount of Bill, 48

Time of Services, A. M., P. M., Forward from last page, 802

Amount forward to next page, 850

FUNERAL DIRECTORS REGISTER.

Total Number to date, 259Funeral No. this year, 11

Date of Death, Apr 13⁵ 1890 Color † Age 3 Years. 9 Months. 1 Days.

Name of Deceased, Hellen Maybel Lindgren

Place of death, Southern Street, Ward No.

Residence, " Sex, " Single, " Married, "

Occupation, " Wife of "

Birth-place, Southern Widow of "

Name of Father, " His Birth-place, "

Name of Mother, " Her Birth-place, "

Cause of death, } Primary, Diphtheria Duration, "

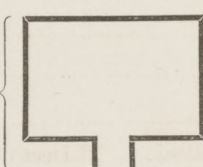
Cause of death, } Secondary, " Duration, "

Certifying Physician, Dr Vance

Place of burial, Southern Cemetery, Hill


Date of burial, Apr 14³ Section No. " Lot No. "

Funeral held at House, or " Church, "

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, " Made by "

Length of Casket, 3 Feet, 6 Inches. Width of Casket, " Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, "

Robe, Shroud, or Dress No. " Color, " Made by "

Lining No. " Color, " Handles No. " Plate No. "

Time of Dressing, " Crape on door, "

Washing and laying out, " Shaving, "

Embalming, " Preserver and Ice, "

Hearse and " Carriages "

Carriage to call for " Time, "

Carriage to call for " Time, "

Carriage to call for " Time, "

Flowers, "

Use of " Folding Chairs, " Pair of Gloves, "

Personal attendance, " Porters or Help, "

Delivering Box to Cemetery, " Use of Pedestals or Pall, "

Badges for Bearers, " Use of Candlesticks, "

Inserting death Notices in Papers, "

Bill to be charged to "

Date Bill was presented " Date Bill was paid "

Amount of Bill, 52.50

Time of Services, " A. M., " P. M., " Forward from last page, 8.50

Amount forward to next page, 902.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 260Funeral No. this year, 12

Date of Death, Apr 22d 1890 Color † _____ Age { 84 Years.
4 Months.
 _____ Days.

Name of Deceased, Richard Speed

Place of death, Sum. Sonoma Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Farmer Wife of _____

Birth-place, Virginia Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Pneumonia Duration, _____

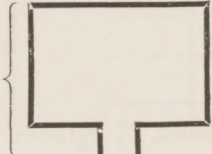
Cause of death, } Secondary, Simile Decay Duration, _____

Certifying Physician, Dr Vance

Place of burial, Sonoma Cemetery, Filat

Date of burial, Apr 24 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Chine Made by Immortal

Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, including Box

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Paid by note

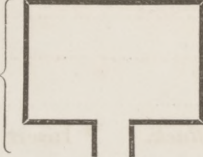

Amount of Bill, 23 50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 902 50

Amount forward to next page, 926

FUNERAL DIRECTORS REGISTER.

Total Number to date, 261Funeral No. this year, 13

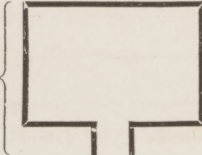

Date of Death, Apr 30 95 1890 Color † Age { 72 Years.
10 Months.
27 Days.
 Name of Deceased, Frances E Schermerhorn
 Place of death, Somerset Street. Ward No. _____
 Residence, " Sex, _____ Single, _____ Married, _____
 Occupation, " Wife of _____
 Birth-place, New York City N.Y. Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Bruit Disease & paralysis Duration, _____
 Cause of death, } Secondary, Nervous Exhaustion Duration, _____
 Certifying Physician, Dr. Vance
 Place of burial, Somerset Cemetery, Mountain
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____
 Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches. 65
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____
 _____ Discount _____
 _____ Amount of Bill, _____
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____
 Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 2,622Funeral No. this year, 14

Date of Death, May 23d 1890 Color † Age 46 Years.
 Name of Deceased, Graciosa Lammie Months.
 Place of death, London Street. Ward No.
 Residence, " Sex, Single, Married,
 Occupation, Laborer Wife of
 Birth-place, London, Essex, England Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Imm. Shol. Wound Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Conner
 Place of burial, London Cemetery, Valley
 Date of burial, May 24th Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Chaise Made by Conner
 Length of Casket, 6 Feet, 3 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid

Amount of Bill, 45
 Time of Services, A. M., P. M., Forward from last page, 996

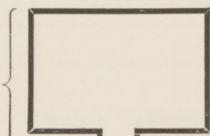
Amount forward to next page, 1011

FUNERAL DIRECTORS REGISTER.


Total Number to date, 263

Funeral No. this year, 15

Date of Death, *June 8th (June 7) 1890* Color † Age { *74* Years.
Name of Deceased, *Theodore Welschott* { *14* Months.
Place of death, *Sanoma* Street. Ward No.
Residence, Sex, Single, Married,
Occupation, *Saddler* Wife of
Birth-place, *Germany* Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, *Apoplexy* Duration,
Certifying Physician, *W K Vance*
Place of burial, *Hill Cemetery* Cemetery,
Date of burial, *Cemetery* Section No. Lot No.
Funeral held at House, or Church.

Diagram of }
Burial Lot. } 

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____
Length of Casket, 6 Feet, 0 Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid June 16 1890

Amount of Bill, _____
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page.

FUNERAL DIRECTORS REGISTER.

Total Number to date, 264Funeral No. this year, 16

Date of Death, July 11 1890 Color † Age 69 Years. 7 Months. Days.

Name of Deceased, Catherine Lewis

Place of death, Sonoma Street. Ward No.

Residence, " Sex, Single, Married,

Occupation, Housewife Wife of

Birth-place, Ohio Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Duration,

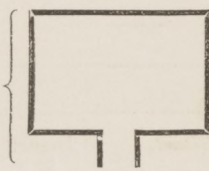
Cause of death, } Secondary, Cancer Stomach Duration,

Certifying Physician, W. K. Vance

Place of burial, Sonoma Cemetery, Hill


Date of burial, July 13 1890 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by Heine 120

Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches. 5

Box, Pine, Chestnut, Oak, Cedar or Mahogany, 5

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. 5.00

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages 10

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, Certificate 1

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid July 16 1890

Amount of Bill, 141.00

Time of Services, A. M., P. M., Forward from last page, 2.00

Amount forward to next page, 118.50

Dist
Paid

FUNERAL DIRECTORS REGISTER.

Total Number to date, 265Funeral No. this year, 17

Date of Death, Aug 30 1890 Color † Age 40 Years. 17 Months. 17 Days.

Name of Deceased, Luigi Ricci

Place of death, Monter Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Hotelkeeper Wife of _____

Birth-place, Italy Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

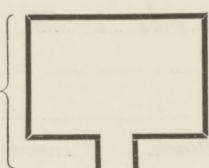

Cause of death, } Secondary, Paralysis Heart Duration, _____

Certifying Physician, H. H. Davis

Place of burial, Mountain Cemetery, _____

Date of burial, Aug 31 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church, _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, 9x Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Nov 15 Nov 24 Nov 24

Amount of Bill, 95.00

Time of Services, _____ A. M., _____ P. M., Forward from last page, 118.5

Amount forward to next page, 128.0

FUNERAL DIRECTORS REGISTER.

Total Number to date, 266Funeral No. this year, 18

Date of Death, Sept 2 1890 Color † _____ Age { 17 Years.
4 Months.
 _____ Days.

Name of Deceased, Rosalind Johnson

Place of death, Summa Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

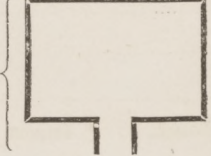

Cause of death, } Primary, Tabular Disease Duration, of the Heart
 Cause of death, } Secondary, Cancer Duration, _____

Certifying Physician, _____

Place of burial, Burma Vista Cemetery, _____

Date of burial, Sept 5 Section No. _____ Lot No. _____

Funeral held at House, or House Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by 1

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Oct 11th 1890

Amount of Bill, 25

Time of Services, _____ A. M., _____ P. M., Forward from last page, 1280

Amount forward to next page, 1305

FUNERAL DIRECTORS REGISTER.

Total Number to date, 267Funeral No. this year, 19

Date of Death, John Peter Etcham 1890 Color † Age 21 Years.
 Name of Deceased, John Peter Etcham Months.
 Place of death, San Luis Street. Ward No.
 Residence, Frank Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Frank Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Accidentally shot Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician,
 Place of burial, Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

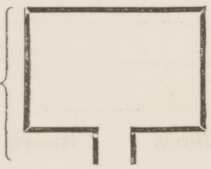

Casket or Coffin No. 1 Style, Made by
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Sept 27 1890

Amount of Bill, 48.00
 Time of Services, A. M., P. M., Forward from last page, 130.5

Amount forward to next page, 1353

FUNERAL DIRECTORS REGISTER.

Total Number to date, 268Funeral No. this year, 20

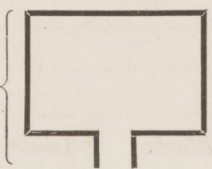
Date of Death, Oct 14 1890 Color White Age 68 Years.
 Name of Deceased, Anicilla Orsi Months.
 Place of death, Senoma Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Wife of
 Birth-place, Italy Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, None
 Place of burial, Catholic Cemetery,
 Date of burial, Oct 16 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, Made by
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves, 95
 Personal attendance, Porters or Help, 73
 Delivering Box to Cemetery, Use of Pedestals or Pall, 22
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to June 85 \$30.00
 Date Bill was presented Sept 15 10
Feb 26 20
Oct 22 13
 Amount of Bill, 95.00
 Time of Services, A. M., P. M., Forward from last page, 13.53
 Amount forward to next page, 144.8

FUNERAL DIRECTORS REGISTER.

Total Number to date, 269Funeral No. this year, 21

Date of Death, Oct 16 1890 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.
 Name of Deceased, Margaret Hard Mc Donnell
 Place of death, Scranton Street. Ward No. _____
 Residence, _____ Sex, Female Single, Widow Married, _____
 Occupation, _____ Wife of _____
 Birth-place, Ireland Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Apoplexy Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, _____ Cemetery, _____
 Date of burial, Oct 18 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1922 Style, _____ Made by, _____
 Length of Casket, 5 Feet, 3 Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Jan 21 1891

Amount of Bill, Dis 40.00
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 7.50

Amount forward to next page, 1448
1523

FUNERAL DIRECTORS REGISTER.

Total Number to date, 270Funeral No. this year, 22

Date of Death, Oct 17 1890 Color † Age 60 Years. 60 Months. 60 Days.

Name of Deceased, James Crosby

Place of death, Sacramento Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Accidentally Duration, _____

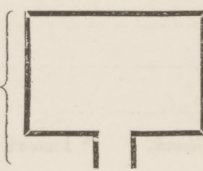
Cause of death, } Secondary, _____ Duration, _____


Certifying Physician, _____

Place of burial, Santa Rosa Cemetery, _____

Date of burial, Oct 20 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 5 Style, _____ Made by _____

Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, Express

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Oct 22nd 1890

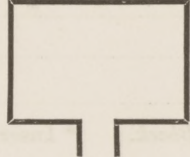
Amount of Bill, 4800 Disch 600

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 243 Paid

Amount forward to next page, 1523

FUNERAL DIRECTORS REGISTER.

Total Number to date, 271Funeral No. this year, 23

Date of Death, Nov 20 19 18 90 Color † _____ Age { 69 Years.
 Name of Deceased, Giorganni Bacigauipi _____ Months.
 Place of death, Genova _____ Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Farmer _____ Wife of _____
 Birth-place, Italy _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Old Age _____ Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, _____
 Place of burial, _____ Cemetery, _____
 Date of burial, _____ Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 _____ Diagram of }  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

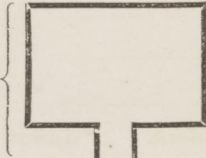
ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 17 Style, _____ Made by _____ 60 -
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____ 10 -
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages. 10 -
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Nov 21 Paid

 _____ Amount of Bill, 80 -
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 158
 _____ Amount forward to next page, 166

FUNERAL DIRECTORS REGISTER.

Total Number to date, 272Funeral No. this year, 24

Date of Death, November 19 1890 Color † _____ Age { 58 Years.
2 Months.
27 Days.
Name of Deceased, John Simon
Place of death, Barma Street, _____ Ward No. _____
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, Public Ad. & Printing Public Wife of _____
Birth-place, New York Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, Nervous & digestive Debility.
Cause of death, } Secondary, Pneumonia Duration, _____
Certifying Physician, _____
Place of burial, Hill Cemetery, _____
Date of burial, Nov 21 Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

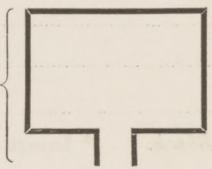
ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, Cloth Made by _____
Length of Casket, 6 Feet, _____ Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid Dec 29th 1890

Amount of Bill, 145.50
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 5.50
140.00 is Paid
Amount forward to next page, 66.50
180.60

FUNERAL DIRECTORS REGISTER.

Total Number to date, 273Funeral No. this year, 25

Date of Death, November 19 1890 Color † _____ Age { 51 Years.
1 Months.
13 Days.
Name of Deceased, Franklin B. Wiles
Place of death, Barnes Street. Ward No. _____
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, _____ Wife of _____
Birth-place, Pennsylvania Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, Gastritis + Duration, _____
Cause of death, } Secondary, Hepatitis Duration, _____
Certifying Physician, Dr. Davis
Place of burial, Hill Cemetery, _____
Date of burial, November 22 Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 22 Style, 1 Made by _____
Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid Dec 12 1890

Amount of Bill, 75.50
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1806

Amount forward to next page, 190100

FUNERAL DIRECTORS REGISTER.

Total Number to date, 2174

Funeral No. this year, 26

Date of Death, Nov 30 1890 Color † Age 81 Years. Months. Days.

Name of Deceased, M. O. Gaultier

Place of death, Bonoma Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Labor Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Bullet wound Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr Davis

Place of burial, Cemetery,

Date of burial, Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: □

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, 6 Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Dec 2 1890

25.00
5.00
5.00
10.00
20.00
190.50
1926.50

Amount of Bill, 20.00

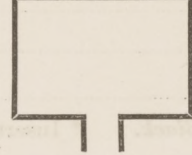
Time of Services, A. M., P. M., Forward from last page, 190.50

Amount forward to next page, 1926.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 275

Funeral No. this year, 27

Date of Death, Dec 6 1890 Color † _____ Age { _____ Years.
 _____ Months.
 _____ Days.
 Name of Deceased, Unknown
 Place of death, Brown Street. Ward No. _____
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, _____ Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Struck by Rail Road Cars Duration, _____
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Dr Davis
 Place of burial, Italy Cemetery, _____
 Date of burial, Dec 7 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, China Made by, Dornier 1500
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Jan 23 1891

Amount of Bill, 1500
 Time of Services, _____ A. M., _____ P. M., Forward from last page, 1926 50

Amount forward to next page, 1941 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 276Funeral No. this year, 28

Date of Death, Dec 14 1890 Color † _____ Age { 70 Years.
 _____ Months.
 _____ Days.

Name of Deceased, G. F. Thomas

Place of death, San Francisco Street. _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Kentucky Farmer Wife of _____

Birth-place, Kentucky Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

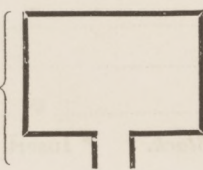
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, 16 Ave Hill Cemetery, _____

Date of burial, 16 Dec 1890 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. } 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, _____

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 277

Funeral No. this year, 19

Date of Death, Dec 31 1890 Color † *White* Age { 1 Years.
2 Months.
3 Days.

Name of Deceased, *Clotilda Vincci*

Place of death, *Sonoma* Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, *Inflammation* Duration, *of the Lungs*

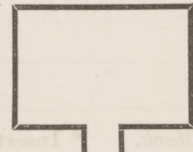
Cause of death, } Secondary, Duration,


Certifying Physician, *Dr. W. R. Vance*

Place of burial, *Hill* Cemetery,

Date of burial, *Jan 3 1891* Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. *27* Style, *27* Made by

Length of Casket, *2* Feet, *9* Inches. Width of Casket, Inches. *30 00*

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages *10 00*

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help, *50*

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid *Jan 8 1891*

Amount of Bill, *40 50*

Time of Services, A. M., P. M., Forward from last page, *19 52*

Amount forward to next page, *19 92 50*

FUNERAL DIRECTORS REGISTER.

Total Number to date, 278 Funeral No. this year, 1Date of Death, Catharine Winkheft Jan 6 1891 Color White Age 37 Years.
Months.
Days.

Name of Deceased, _____

Place of death, San Francisco Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Germany Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

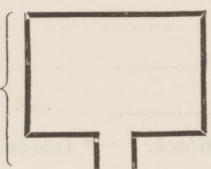


Cause of death, } Primary, Pneumonia Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Mountains Cemetery, _____Date of burial, Jan 7 1891 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of
Burial Lot. Put in the Diagram one mark like
this  for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 2

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

_____ Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid Jan 21 1891Amount of Bill, 15.00

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 279

Funeral No. this year, 2

Date of Death, January 30 1890 Color † White Age { 74 Years.
5 Months.
7 Days.

Name of Deceased, Benicia F. Canino de Vallejo

Place of death, Bonoma Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, California Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Bronchial asthma Duration,

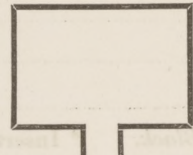
Cause of death, } Secondary, Duration,


Certifying Physician, W. R. Lane

Place of burial, Mountain Cemetery, Lin

Date of burial, February 1st 1891 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, 6x18 Made by 2.58 00

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No. 5.00

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages 10.00

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers, Burial Permit 1.00

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid Feb. 25 1891 Paid

Amount of Bill, 26.60

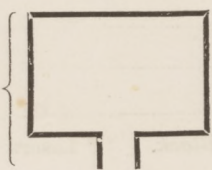
Time of Services, A. M., P. M., Forward from last page, 15

Amount forward to next page, 28 1

Paid

FUNERAL DIRECTORS REGISTER.

Total Number to date, 280Funeral No. this year, 3

Date of Death, February 2 1891 Color White Age 33 Years.
 Name of Deceased, Giovanni Minoggio Months.
 Place of death, Genoa Street. Ward No. Days.
 Residence, Sex, Single, Married,
 Occupation, Labourer Wife of
 Birth-place, Italy Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Pleurisy Pneumonia Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, D. A. Vance
 Place of burial, Mountain Cemetery,
 Date of burial, February 3 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
 Length of Casket, 6 Feet, Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers, Taken body to Hall
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Feb. 20 Paid in full.

Amount of Bill, 42.50
 Time of Services, A. M., P. M., Forward from last page, 281
 Amount forward to next page, 328.50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 287Funeral No. this year, 4

Date of Death, February 7 1891 Color White Age 5 Years. 11 Months. Days.

Name of Deceased, Maria Louisa Fisher

Place of death, Bonoma Street, Ward No.

Residence, Bonoma Sex, Single, Married,

Occupation, Wife of

Birth-place, Bonoma Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Diphtheria Duration,

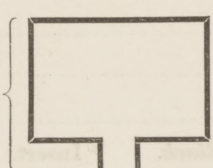
Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Davis

Place of burial, Mountain Cemetery,

Date of burial, February 8 Section No. Lot No.

Funeral held at House, or Church,

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : ‡.

Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 18 Style, Made by

Length of Casket, 4 Feet, 3 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

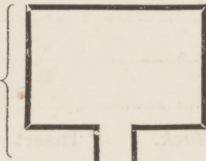

Amount of Bill, \$ 39.00

Time of Services, A. M., P. M., Forward from last page, 32.85

Amount forward to next page, 367.80

FUNERAL DIRECTORS REGISTER.

Total Number to date, 282Funeral No. this year, 5

Date of Death, February 9 1891 Color † White Age { 70 Years.
 Name of Deceased, William Parish Months.
 Days.
 Place of death, Sonoma Street. Ward No.
 Residence, Sonoma Sex, Single, Married,
 Occupation, Laborer, Jeweler Wife of
 Birth-place, Dorchester England Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr. Vance
 Place of burial, Mountain Cemetery,
 Date of burial, February 11 1891 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall, *
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid

Amount of Bill,
 Time of Services, A. M., P. M., Forward from last page,
 Amount forward to next page,

FUNERAL DIRECTORS REGISTER.

Total Number to date, 283Funeral No. this year, 6

Date of Death, February 13 1891 Color White Age { 15 Years. 5 Months. 5 Days.

Name of Deceased, E. W. Hoby

Place of death, Sanoma Street. Ward No. _____

Residence, _____ Sex, male Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Sanoma Widow of _____

Name of Father, E. H. Hoby His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Capillary Duration, _____

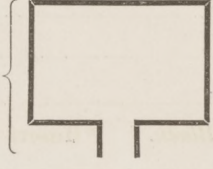


Cause of death, } Secondary, Bronchitis Duration, _____

Certifying Physician, H. S. Davis

Place of burial, _____ Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 12 Style, _____ Made by _____

Length of Casket, 2 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid paid

Amount of Bill, 38.50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 42.50

Amount forward to next page, 46.70

FUNERAL DIRECTORS REGISTER.

Total Number to date, 284Funeral No. this year, 7

Date of Death, Mar 9 5 18 91 Color † Age 4 Years. 2 Months. 2 Days.

Name of Deceased, Fred Diebold

Place of death, Sonoma Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Salem Oregon Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Shingles & Eczema Duration, _____

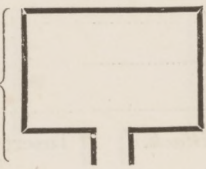
Cause of death, } Secondary, Acute Bronchitis & Pneumonia Duration, _____

Certifying Physician, Dr. Vance

Place of burial, Sonoma Cemetery, Hill

Date of burial, Mar 11 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †. Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 3 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Paul

Amount of Bill, 28

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 467

Amount forward to next page, 495

FUNERAL DIRECTORS REGISTER.

Total Number to date, 285Funeral No. this year, 8

Date of Death, Aug 3^d 1891 Color † Age 4 Years. 7 Months. 7 Days.

Name of Deceased, Chas Goess

Place of death, Sonoma Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Sonoma Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Cholera Infantum Duration, _____

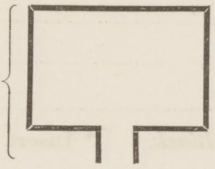
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____

Place of burial, Mountain Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or Aug 4th Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **I** for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by, _____

Length of Casket, 2 Feet, — Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by, _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 210

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 495

Amount forward to next page, 605

FUNERAL DIRECTORS REGISTER.

Total Number to date, 286Funeral No. this year, 9

Date of Death, Apr Oct 23d 1889 Color † Age 30 Years. 30 Months. 30 Days.

Name of Deceased, Ida Sessions

Place of death, Place Hotel Law Fran Street. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Unknown Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. M. Keeney Health officer

Place of burial, former Cemetery, hill

Date of burial, Apr 8th Section No. Lot No.

Funeral held at House, or Church.

Diagram of }
Burial Lot. }Put in the Diagram one mark like
this I for every Grave in it. And mark
this Burial with double dagger thus: †.Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by

Length of Casket, Feet, Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for 1 Carriage Time,

Carriage to call for 1 Trip to Glen Ellen Time,

Carriage to call for Time,

Flowers, Foot & Head Boards

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers, Certificate of Death

Bill to be charged to Opening Grave

Date Bill was presented Date Bill was paid

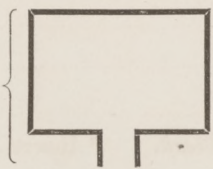
Amount of Bill, 2.60

Time of Services, A. M., P. M., Forward from last page, 505

Amount forward to next page, 531

FUNERAL DIRECTORS REGISTER.

Total Number to date, 287Funeral No. this year, 10

Date of Death, Apr 15 1891 Color † Age { 61 Years.
9 Months.
16 Days.
Name of Deceased, Joseph Browne Budger
Place of death, Agua Caliente Street. Ward No. _____
Residence, _____ Sex, _____ Single, _____ Married, _____
Occupation, Store Keeper Wife of _____
Birth-place, Charles River Mass Widow of _____
Name of Father, _____ His Birth-place, * _____
Name of Mother, _____ Her Birth-place, * _____
Cause of death, } Primary, Paralysis Agitans Duration, _____
Cause of death, } Secondary, _____
Certifying Physician, Dr Vance
Place of burial, Petaluma Cemetery, _____
Date of burial, Apr 18 Section No. _____ Lot No. _____
Funeral held at House, or _____ Church. _____
Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

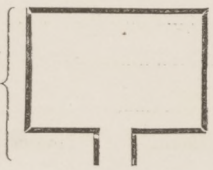

Casket or Coffin No. 22 Style, _____ Made by _____
Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, _____
Use of _____ Folding Chairs, _____ Pair of Gloves, _____
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____
_____ Amount of Bill, _____
Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, 641

FUNERAL DIRECTORS REGISTER.

Total Number to date, 288

Funeral No. this year, 11

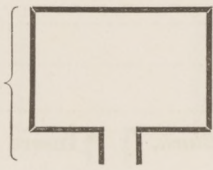
Date of Death, April 16 1891 Color † Age 82 Years.
 Name of Deceased, O. H. Craig Months.
 Place of death, Sumner Street. Ward No.
 Residence, " Sex, Single, Married,
 Occupation, Farmer Wife of
 Birth-place, Runny W. H. Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Hepatic Colic Duration,
 Cause of death, } Secondary, Old Age Duration,
 Certifying Physician, Dr Davis
 Place of burial, Sumner Cemetery, Hill
 Date of burial, April 19 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. <u>075</u>	Style, <u></u>	Made by <u>Cal Casket Co</u>	<u>140</u>
Length of Casket, <u>6</u> Feet, <u></u> Inches.		Width of Casket, <u>22</u> Inches.	<u>5</u>
Box, Pine, Chestnut, Oak, Cedar or Mahogany, <u></u>			<u>5</u>
Robe, Shroud, or Dress No. <u></u>	Color, <u></u>	Made by <u></u>	<u>5</u>
Lining No. <u></u>	Color, <u></u>	Handles No. <u></u>	<u>15</u>
Time of Dressing, <u></u>	Crape on door, <u></u>		<u>10</u>
Washing and laying out, <u></u>	Shaving, <u></u>		
Embalming, <u></u>	Preserver and Ice, <u></u>		
Hearse and <u></u>	Carriages <u></u>		
Carriage to call for <u></u>	Time, <u></u>		
Carriage to call for <u></u>	Time, <u></u>		
Carriage to call for <u></u>	Time, <u></u>		
Flowers, <u></u>			
Use of <u></u>	Folding Chairs, <u></u>	Pair of Gloves, <u></u>	
Personal attendance, <u></u>	Porters or Help, <u></u>		
Delivering Box to Cemetery, <u>Cal Casket Co - Louse</u>	Use of Pedestals or Pall, <u></u>		<u>2 50</u>
Badges for Bearers, <u></u>	Use of Candlesticks, <u></u>		<u>3</u>
Inserting death Notices in Papers, <u></u>			<u>10</u>
Bill to be charged to <u>Grave</u>			<u>10</u>
Date Bill was presented <u></u>	Date Bill was paid <u></u>		
<u>2 Carriages</u>			<u>10</u>
		Amount of Bill,	<u>190 50</u>
Time of Services, <u></u>	A. M., <u></u>	P. M., <u></u>	<u>636</u>
		Forward from last page,	<u>826 50</u>
		Amount forward to next page,	

FUNERAL DIRECTORS REGISTER.

Total Number to date, 289Funeral No. this year, 12

Date of Death, Apr 16 1891 Color † _____ Age { 6 Years.
 Name of Deceased, Robt-J. Day _____ Months.
 Place of death, San Francisco Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, _____ Wife of _____
 Birth-place, San Francisco Cal Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Enteritis Duration, _____
 Cause of death, } Secondary, Inflammation of Lungs Duration, _____
 Certifying Physician, Dr Vance _____
 Place of burial, San Francisco Cemetery, _____
 Date of burial, Apr 17 Section No. _____ Lot No. _____
 Funeral held at House, or _____ Church. _____
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

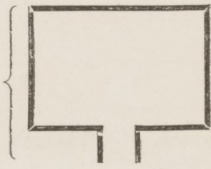
Casket or Coffin No. 1 Style, _____ Made by _____
 Length of Casket, 4 Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, _____
 Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, _____

Amount forward to next page, _____

FUNERAL DIRECTORS REGISTER.

Total Number to date, 290Funeral No. this year, 13

Date of Death, Apr 25 1891 Color Chin Age 43 Years.
 Name of Deceased, Mr Kun Months.
 Days.
 Place of death, Soo Sun Street. Ward No.
 Residence, " Sex, Male Single, Married,
 Occupation, Wife of
 Birth-place, China Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Hanging by Mr. Mack Duration,
 Cause of death, } Secondary, Self inflicted Duration,
 Certifying Physician, Crowner
 Place of burial, San Francisco Cemetery,
 Date of burial, Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 † State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by
 Length of Casket, 5 Feet, 9 Inches. Width of Casket, Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany,
 Robe, Shroud, or Dress No. Color, Made by Self viny to solution
 Lining No. Color, Handles No. Plate No.
 Time of Dressing, Crape on door,
 Washing and laying out, Shaving,
 Embalming, Preserver and Ice,
 Hearse and Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for Time,
 Flowers,
 Use of Folding Chairs, Pair of Gloves,
 Personal attendance, Porters or Help,
 Delivering Box to Cemetery, Use of Pedestals or Pall,
 Badges for Bearers, Use of Candlesticks,
 Inserting death Notices in Papers,
 Bill to be charged to
 Date Bill was presented Date Bill was paid Paid

Amount of Bill, 40 —
 Time of Services, A. M., P. M., Forward from last page, 952 50
 Amount forward to next page, 992 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 291Funeral No. this year, 14

Date of Death, Apr 23 18 91 Color † Age { 27 Years.
11 Months.
13 Days.

Name of Deceased, John Schuster

Place of death, San Francisco Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, Plumber Wife of _____

Birth-place, Ellen Ellen Sommer Co. Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Tuberculosis Duration, _____

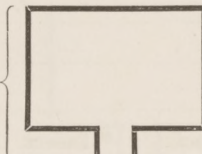

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, M. O. Mollen

Place of burial, Somerset Cemetery, Mountain View

Date of burial, Apr 26 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †. Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. _____ Style, _____ Made by _____

Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages 2 times

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, Permit

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

Permit

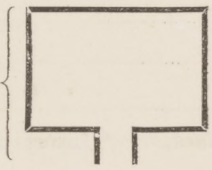

Amount of Bill, 24 50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 992 50

Amount forward to next page, 1017

FUNERAL DIRECTORS REGISTER.

Total Number to date, 292Funeral No. this year, 13

Date of Death, Apr 24 0 1891 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Pasquale Supatti
Place of death, San Francisco Street, Ward No.
Residence, San Francisco Sex, Single, Married,
Occupation, Wife of
Birth-place, Italy Widow of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Phthisis Pulmonum Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, M. M. Shearer
Place of burial, Catholic Cemetery,
Date of burial, Apr 27 Section No. Lot No.
Funeral held at House, or Church,
Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Made by
Length of Casket, Feet, Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and 2 times Carriages
 Carriage to call for Time,
 Carriage to call for Time,
 Carriage to call for 2.50 1.00 Time, 1.00
Flowers, 1 set - Lilies 1 set - Thunberg 2 Crosses
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid April 28th 1891

Amount of Bill, 23.00
Time of Services, A. M., P. M., Forward from last page, 1017
Amount forward to next page, 1040

FUNERAL DIRECTORS REGISTER.

Total Number to date, 293Funeral No. this year, 16

Date of Death, Apr 30 1891 Color † Age { 1 Years. 7 Months. 21 Days.

Name of Deceased, Frederick J Bonhi

Place of death, San Juan Caliente Street. Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, San Juan City - Cal. Widow of _____

Name of Father, Fred Bonhi His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

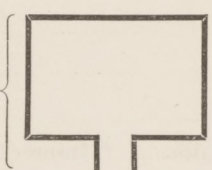
Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr Davis

Place of burial, from view Cemetery, Mountain

Date of burial, May 3 Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 3 Feet, _____ Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to E. Steiger

Date Bill was presented _____ Date Bill was paid _____

Amount of Bill, 38

Time of Services, _____ A. M., _____ P. M., _____ Forward from last page, 1040

Amount forward to next page, 1078

FUNERAL DIRECTORS REGISTER.

Total Number to date, 294Funeral No. this year, 17

Date of Death, May 19 1891 Color † Age 74 Years. 74 Months. 74 Days.

Name of Deceased, Marie Katharine Faber

Place of death, Agua Caliente Street. Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Denmark Widow of _____

Name of Father, _____ His Birth-place, * _____

Name of Mother, _____ Her Birth-place, * _____

Cause of death, } Primary, Heart Disease Duration, _____


Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, Dr. Davis

Place of burial, Candler Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____

Diagram of Burial Lot.  Put in the Diagram one mark like this **†** for every Grave in it. And mark this Burial with double dagger thus: **‡**.

† State whether White or Black. * Insert Town and State. Designate site of Monument thus: ☐

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, _____ Made by _____

Length of Casket, 5 Feet, 6 Inches. Width of Casket, _____ Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____

Robe, Shroud, or Dress No. _____ Color, _____ Made by _____

Lining No. _____ Color, _____ Handles No. _____ Plate No. _____

Time of Dressing, _____ Crape on door, _____

Washing and laying out, _____ Shaving, _____

Embalming, _____ Preserver and Ice, _____

Hearse and _____ Carriages _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Carriage to call for _____ Time, _____

Flowers, _____

Use of _____ Folding Chairs, _____ Pair of Gloves, _____

Personal attendance, _____ Porters or Help, _____

Delivering Box to Cemetery, _____ Use of Pedestals or Pall, _____

Badges for Bearers, _____ Use of Candlesticks, _____

Inserting death Notices in Papers, _____

Bill to be charged to _____

Date Bill was presented _____ Date Bill was paid _____

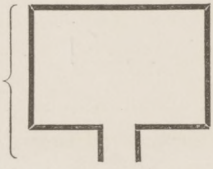

Amount of Bill, 37 50

Time of Services, _____ A. M., _____ P. M., Forward from last page, 107 8

Amount forward to next page, 111 55 8

FUNERAL DIRECTORS REGISTER.

Total Number to date, 293Funeral No. this year, 18

Date of Death, May 25 1891 Color † Age { Years.
 Months.
 Days.
Name of Deceased, Belle G. Calderwood
Place of death, Florida Street. Ward No.
Residence, " Sex, Single, Married,
Occupation, Housewife Wife of
Birth-place, Genoa Widowed of
Name of Father, His Birth-place, *
Name of Mother, Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Dr. Davis
Place of burial, Cordelia Cemetery,
Date of burial, May 27 Section No. Lot No.
Funeral held at House, or Church.
Diagram of Burial Lot.  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: †.
† State whether White or Black. * Insert Town and State. Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. Style, Stein Made by
Length of Casket, 5 Feet, 6 Inches. Width of Casket, Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany,
Robe, Shroud, or Dress No. Color, Made by
Lining No. Color, Handles No. Plate No.
Time of Dressing, Crape on door,
Washing and laying out, Shaving,
Embalming, Preserver and Ice,
Hearse and Carriages
Carriage to call for Time,
Carriage to call for Time,
Carriage to call for Time,
Flowers,
Use of Folding Chairs, Pair of Gloves,
Personal attendance, Porters or Help,
Delivering Box to Cemetery, El Personero + Casket In House Use of Pedestals or Pall,
Badges for Bearers, Use of Candlesticks,
Inserting death Notices in Papers,
Bill to be charged to
Date Bill was presented Date Bill was paid

Amount of Bill, 122
Time of Services, A. M., P. M., Forward from last page, 11 15 50
Amount forward to next page, 1237 50

FUNERAL DIRECTORS REGISTER.

Total Number to date, 296Funeral No. this year, 19

Date of Death, July 4th 1891 Color † _____ Age { 53 Years.
 Name of Deceased, William Percy Wilson _____ Months.
 Place of death, London Street. Ward No. _____ Days.
 Residence, _____ Sex, _____ Single, _____ Married, _____
 Occupation, Painter Wife of _____
 Birth-place, Ireland Widow of _____
 Name of Father, _____ His Birth-place, * _____
 Name of Mother, _____ Her Birth-place, * _____
 Cause of death, } Primary, Suicide Duration, Hanging himself with a rope
 Cause of death, } Secondary, _____ Duration, _____
 Certifying Physician, Common Chas. Collins
 Place of burial, Hill Cemetery, _____

Date of burial, _____ Section No. _____ Lot No. _____

Funeral held at House, or _____ Church. _____Diagram of }
Burial Lot. }Put in the Diagram one mark like
this † for every Grave in it. And mark
this Burial with double dagger thus: ‡.Designate site of Monument thus: ☐

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL (Cross out items not furnished.)

Casket or Coffin No. 2 Style, Case Made by _____
 Length of Casket, _____ Feet, _____ Inches. Width of Casket, _____ Inches.
 Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
 Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
 Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
 Time of Dressing, _____ Crape on door, _____
 Washing and laying out, _____ Shaving, _____
 Embalming, _____ Preserver and Ice, _____
 Hearse and _____ Carriages _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 _____ Carriage to call for _____ Time, _____
 Flowers, _____
 Use of _____ Folding Chairs, _____ Pair of Gloves, _____
 Personal attendance, _____ Porters or Help, _____
 Delivering Box to Cemetery, + Coffin Use of Pedestals or Pall, _____
 Badges for Bearers, _____ Use of Candlesticks, _____
 Inserting death Notices in Papers, _____
 Bill to be charged to _____
 Date Bill was presented _____ Date Bill was paid Fail

Amount of Bill, 66
 Time of Services, _____ A. M., _____ P. M., Forward from last page, 1237 80
 Amount forward to next page, 1303 80

FUNERAL DIRECTORS REGISTER.

Total Number to date, 297Funeral No. this year, 20

Date of Death, July 12 1891 Color † Age 30 Years. 30 Months. 30 Days.

Name of Deceased, Charles A Oakley

Place of death, Drown bridge Street. Ward No.

Residence, New Sweden Sex, Single, Married,

Occupation, Laborer Wife of

Birth-place, Sweden Widow of

Name of Father, His Birth-place, *

Name of Mother, Her Birth-place, *

Cause of death, } Primary, Accidental Duration, Drowning

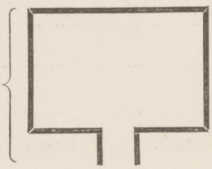
Cause of death, } Secondary, Duration,

Certifying Physician, Coroner


Place of burial, Valley Cemetery, Sweden


Date of burial, July 14 Section No. Lot No.

Funeral held at House, or Church.

Diagram of Burial Lot. 

† State whether White or Black. * Insert Town and State.

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †.

Designate site of Monument thus: 

ITEMS OF BILL. (Cross out items not furnished.)

Casket or Coffin No. 1 Style, Made by

Length of Casket, 6 Feet, 0 Inches. Width of Casket, Inches.

Box, Pine, Chestnut, Oak, Cedar or Mahogany,

Robe, Shroud, or Dress No. Color, Made by

Lining No. Color, Handles No. Plate No.

Time of Dressing, Crape on door,

Washing and laying out, Shaving,

Embalming, Preserver and Ice,

Hearse and Carriages

Carriage to call for Time,

Carriage to call for Time,

Carriage to call for Time,

Flowers,

Use of Folding Chairs, Pair of Gloves,

Personal attendance, Porters or Help,

Delivering Box to Cemetery, Use of Pedestals or Pall,

Badges for Bearers, Use of Candlesticks,

Inserting death Notices in Papers,

Bill to be charged to

Date Bill was presented Date Bill was paid

Paul

Amount of Bill, 52.50



Time of Services, A. M., P. M., Forward from last page, 130.30

Amount forward to next page, 135.60

FUNERAL DIRECTORS REGISTER.

Total Number to date, 298

Funeral No. this year, 21

Date of Death, July 24 1891 Color † Age { 86 Years.
 Name of Deceased, Thomas Mason Sother Months.
 Place of death, Locust Grove Street. Ward No. Days.
 Residence, Somerset Sex, Single, Married,
 Occupation Secty. Min. Branch Pacific Railroad Wife of
 Birth-place, England Widow of
 Name of Father, His Birth-place, *
 Name of Mother, Her Birth-place, *
 Cause of death, } Primary, Duration,
 Cause of death, } Secondary, Duration,
 Certifying Physician, Dr Davis
 Place of burial, Somerset Cemetery, Mountain
 Date of burial, July 26 Section No. Lot No.
 Funeral held at House, or Church.
 Diagram of Burial Lot. {  Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus : †.
 Designate site of Monument thus: 

† State whether White or Black. * Insert Town and State.

ITEMS OF BILL. (Cross out items not furnished.)

(Cross out items not furnished.)

Casket or Coffin No. _____ Style, Cloth Made by _____
Length of Casket, 5 Feet, 9 Inches. Width of Casket, _____ Inches.
Box, Pine, Chestnut, Oak, Cedar or Mahogany, _____
Robe, Shroud, or Dress No. _____ Color, _____ Made by _____
Lining No. _____ Color, _____ Handles No. _____ Plate No. _____
Time of Dressing, _____ Crape on door, _____
Washing and laying out, _____ Shaving, _____
Embalming, _____ Preserver and Ice, _____
Hearse and _____ Carriages _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
_____ Carriage to call for _____ Time, _____
Flowers, Burial Permit
Use of _____ Folding Chairs, 6 Pair of Gloves, Black
Personal attendance, _____ Porters or Help, _____
Delivering Box to Cemetery, + Casket to home Use of Pedestals or Pall, _____
Badges for Bearers, _____ Use of Candlesticks, _____
Inserting death Notices in Papers, _____
Bill to be charged to _____
Date Bill was presented _____ Date Bill was paid \$ 50 P.O.

Date Bill was presented..... Date Bill was paid.....

Date Bill was presented..... Date Bill was paid.....

Oct-7th 50

1 11 2

Dec 23 30

Time of Services,..... A. M.,..... P. M.,.....

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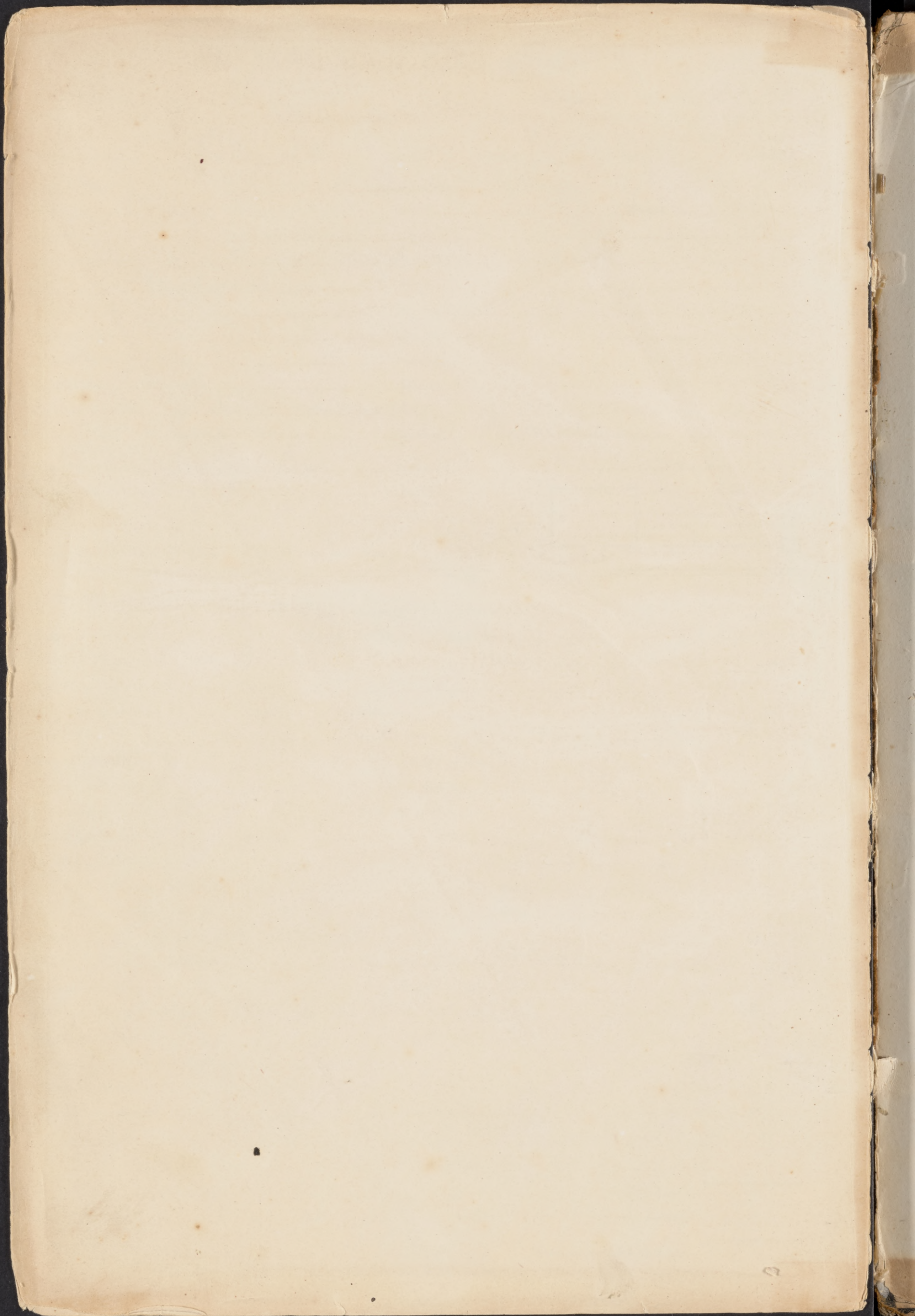
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